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Inclusive development for persons with disabilities

Report of the Secretary-General

Summary

The present report, submitted pursuant to General Assembly resolution 71/165 of 19 December 2016, has two objectives: (a) to report on the implementation of Assembly resolutions 71/165 and 68/3; and (b) to submit to the Assembly recommendations for its consideration at its seventy-third session, with a view to further strengthening implementation of those resolutions.

The report includes a review of the current international frameworks and recent advances relating to inclusive development and the progress made in mainstreaming the rights, needs and perspectives of persons with disabilities at the national, regional and global levels. It discusses key issues and challenges faced in achieving the Sustainable Development Goals and other internationally agreed development goals for persons with disabilities, in particular in national economic and social development, disaster risk reduction, humanitarian and emergency responses, inclusive and accessible urban and rural development. The report also provides an overview of the status of disability data and statistics in the context of the implementation, monitoring and evaluation of the 2030 Agenda for Sustainable Development.

The report concludes with recommendations on policy options to further advance inclusive development and on the actions necessary to further mainstream disability in development, particularly in the context of implementation of the 2030 Agenda, including through improved coordination of activities of the United Nations system to promote the advancement of persons with disabilities in development.

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I. Introduction

1. In its resolution 71/165, entitled "Inclusive development for persons with disabilities", the General Assembly welcomed the inclusion of persons with disabilities in a series of post-2015 international development frameworks, in particular the 2030 Agenda for Sustainable Development, and recognized that the participation of persons with disabilities was integral to the full and inclusive achievement of the Sustainable Development Goals. The Assembly noted that, while considerable progress had been made in the mainstreaming of disability, further efforts were needed to strengthen the normative and operational links to integrate effectively the rights, well-being and perspectives of persons with disabilities in development policies and programmes.

2. In that context, the Assembly requested the Secretary-General, in coordination with all relevant United Nations entities, to submit to it at its seventy-third session information on the implementation of the resolution and of the outcome document of the 2013 high-level meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities and to make appropriate recommendations to further strengthen implementation.

II. Disability inclusion in the current global development agendas

3. Since the adoption of the Convention on the Rights of Persons with Disabilities in 2006, the rights, needs and issues concerning persons with disabilities have garnered growing political commitments, especially in the post-2015 development agendas. The Convention, which emphasizes the importance of mainstreaming disability as an integral part of relevant strategies of sustainable development, has presented greater opportunities for advancing inclusive development for all. In reviewing of the implementation of the Millennium Development Goals, and in the course of the process leading to the 2013 high-level meeting, Member States expressed their grave concern at the slow progress achieved in mainstreaming disability in global development agendas and reaffirmed the need to include and integrate the rights, well-being and perspectives of persons with disabilities in development efforts at the national, regional and international levels.

4. The growing recognition not only of persons with disabilities as both beneficiaries and agents of change but also of their active participation in policy formulation and implementation have also contributed greatly to the renewed momentum behind further advancing inclusive development for all.

5. The adoption of the 2030 Agenda marked a milestone in terms of the commitment by the international community to further mainstream disability in development. With the pledge to "leave no one behind", the 2030 Agenda and its Sustainable Development Goals recognized disability as a cross-cutting issue and addressed it explicitly in five of the Goals, namely, those relating to education, growth and employment, inequality, accessibility of human settlements, and data, monitoring and accountability. In addition, persons with disabilities have been recognized as a vulnerable group for whom progress must be particularly monitored, as Member States aim to achieve universal goals concerning basic needs, including eradicating poverty and hunger, ensuring healthy lives and well-being and securing access to clean water and sanitation.

6. Moreover, a series of post-2015 development frameworks have included the rights and well-being of persons with disabilities and called for the participation and contribution of persons with disabilities in the deliberation and development of relevant strategies.

7. In 2015, Member States included a disability perspective in the context of financing for development in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, in which States committed to providing access to quality education, including accessible and disability-sensitive educational facilities, employment, social protection and accessible technologies, as well as collecting and using data disaggregated by disability status for the monitoring and evaluation of the Agenda.

8. In the Sendai Framework for Disaster Risk Reduction 2015–2030, States emphasized the importance of disability-inclusive disaster risk reduction, and called for persons with disabilities to be included in the design and implementation of policies, plans and standards in that regard and for the promotion of their contributions in the process. The first World Humanitarian Summit, held in Istanbul, Turkey, further increased the visibility of persons with disabilities in situations of humanitarian crises, with the adoption of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.

9. The New Urban Agenda, adopted at the United Nations Conference on Housing and Sustainable Development (Habitat III), held in Quito in October 2016, underlined the connection between urban development agendas and the 2030 Agenda, in particular its Goal 11 on sustainable cities and communities. Member States adopted a twin-track approach to promoting inclusive urban development for all and pledged to eliminate discrimination, provide equal access to technology, employment and public services — including transport infrastructure — for persons with disabilities and ensure their participation in decision-making processes in urban planning.

10. In line with the commitments contained in the 2030 Agenda, certain regional strategies and frameworks have also been introduced for the inclusion of persons with disabilities in development. In November 2017, the States in the Asia and Pacific region carried out a midpoint review of the implementation of their regional policy framework, the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific,[1] which prioritized 10 goals to guide Member States in implementing policy measures to advance disability-inclusive development in line with the 2030 Agenda. Agenda 2063 of the African Union, a strategic framework for the socioeconomic transformation of the continent, also included specific references to persons with disabilities in its targets related to social security, protection and health.

11. Moreover, a number of international processes and mechanisms — in particular the high-level political forum on sustainable development,[2] the Development Cooperation Forum,[3] annual sessions of the Economic and Social Council and its functional commissions, such as the Commission for Social Development — as well

[1] Available at www.unescap.org/resources/incheon-strategy-%E2%80%9Cmake-right-real%E2%80%9D-persons-disabilities-asia-and-pacific.

[2] Established under the auspices of the Economic and Social Council, in accordance with the outcome document of the United Nations Conference on Sustainable Development. For more information, see https://sustainabledevelopment.un.org/hlpf.

[3] The Development Cooperation Forum was launched in 2007 as the result of the High-level Plenary Meeting of the sixtieth session of the General Assembly. As one of the principal new functions of the Economic and Social Council, the biennial, high-level Forum focuses on trends and progress in international development cooperation. It promotes knowledge-sharing and mutual learning. More details about the Forum, see www.un.org/ecosoc/en/development-cooperation-forum.

as regional frameworks and strategies, offered promising opportunities to support not only the operationalization of the 2030 Agenda and other global development agendas but also the monitoring and evaluation of international development progress regarding persons with disabilities.

III. Measures taken and progress made to advance inclusive development for persons with disabilities

12. In preparing the present report, Member States, United Nations entities and civil society organizations were requested to provide information with respect to General Assembly resolution 71/165, in particular: (a) the progress made towards implementing the resolution and the outcome document of the high-level meeting of the General Assembly;[4] (b) the policies, measures and programmes adopted to mainstream the rights, needs and participation of persons with disabilities; (c) the steps taken to expedite the mainstreaming of data on disability into official national statistics; and (d) the recommendations made for specific policy action to be taken to address key issues and challenges encountered in furthering disability inclusion in development agenda and efforts.

13. Submissions were received from 29 Member States,[5] 10 entities of the United Nations system[6] and 9 civil society organizations.[7] The sections below present an overview, based on the submissions received from major stakeholders, on the progress made and the remaining challenges in furthering inclusive development for persons with disabilities, in particular in the context of the 2030 Agenda.

A. Member States

National strategies and plans of actions

14. National strategies and plans of actions continued to be one of the cornerstones for mainstreaming disability and promoting the rights, needs and perspectives of persons with disabilities. Argentina, Bulgaria, China, Colombia, Costa Rica, Cyprus, Ecuador, Germany, Malta, Slovenia, the Sudan, Turkey and Panama highlighted the progress they had made in aligning national disability policy frameworks and legislation with the Convention in order to integrate the principles of accessibility and inclusion into their national strategies. Colombia, for example, had continued to harmonize its legislation with the Convention, within the regional framework,[8]

[4] General Assembly resolution 68/3.

[5] Argentina, Azerbaijan, Bahrain, Bulgaria, Cambodia, Canada, China, Colombia, Costa Rica, Croatia, Cyprus, the Democratic Republic of the Congo, Ecuador, Georgia, Germany, Indonesia, Lithuania, Malta, Mexico, Panama, Peru, the Philippines, Qatar, Senegal, Slovenia, the Sudan, Togo, Turkey and Venezuela (Bolivarian Republic of).

[6] The Economic and Social Commission for Asia and the Pacific, the Economic and Social Commission for Western Asia, the Economic Commission for Latin America and the Caribbean, the International Labour Organization (ILO), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Partnership on the Rights of Persons with Disabilities (the Disability Partnership), the United Nations Relief and Works Agency for Palestine Refugees in the Near East, the World Tourism Organization, the World Health Organization (WHO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

[7] CBM, Center for the Human Rights of Users and Survivors of Psychiatry, European Disability Forum, International Disability Alliance, International Disability and Development Consortium, Light for the World International, Sightsavers, World Blind Union, and Zero Project.

[8] Organization of American States, Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities.

including a road map for the inclusion of persons with disabilities in different subsequent regulations.

15. To further their efforts in promoting the inclusion of persons with disabilities, a number of Member States, including Argentina, Bulgaria, Cyprus, the Democratic Republic of the Congo, Lithuania, Malta, the Philippines and Qatar, had established national coordination mechanisms to engage different government branches, persons with disabilities and their representative organizations and other major stakeholders in the design, implementation and monitoring of their national disability frameworks. Malta, for example, reported on the restructuring of the national focal point for disability matters to ensure that all government boards included persons with disabilities, and that the disability perspective was incorporated in all specific and cross-cutting policies for inclusive development.

16. Furthermore, Argentina, Cambodia, Costa Rica, Croatia, Indonesia, Lithuania, Malta, Peru, Panama and Togo also reported on their efforts to mainstream disability in their respective national development strategies in the context of the implementation of the 2030 Agenda. Ecuador, for example, had formulated a national public policy in the field of disability aligned to the relevant Sustainable Development Goals[9] that consisted of 12 policy directives and their respective strategies and indicators. In Indonesia, the promotion of disability-inclusive development in the National Medium-Term Development Plan 2015–2019 had been translated into guidelines on disability-responsive budgeting and planning to mainstream disability in the work of various government branches and agencies at the national and local levels. The Philippines had adopted the General Appropriation Act to incorporate budget allocation for persons with disabilities in programmes and services of the national Government.

17. In the pursuit of inclusive and sustainable development for all, Member States reaffirmed their commitments to social integration and economic policies that eliminated discrimination, reduced inequalities and promoted access to basic social and health-care services, education for all and employment for persons with disabilities.

Social protection floors, social services and sustainable livelihood

18. Eliminating discrimination, ensuring equal access to universal social protection floors and safety nets and enhancing responsive support and services to persons with disabilities were critical to promoting inclusive development for all. Policies and programmes to guarantee social protection and improve the access to and coverages of social services for persons with disabilities were reported by a number of Member States.

19. Senegal had launched an "equal opportunities card" programme to provide a system of social protection for persons with disabilities, including health-care services, functional rehabilitation, education, vocational training, employment and public transport. Colombia had adopted a decision-making protocol to improve the social protection and services provided to persons with intellectual, psychosocial and multiple disabilities, aimed at eliminating barriers in administrative procedures.

20. Cambodia, Colombia, Costa Rica, Ecuador and Mexico reported on the development of national social protection frameworks that were inclusive of persons with disabilities. Peru had also developed and adopted guidelines for mainstreaming the disability approach in its social programmes, for the integration of disability perspectives at all levels of the management of social programmes.

[9] Goals 3–5, 8–11 and 16.

21. Canada had implemented the Registered Disability Saving Plan to help persons with disabilities and their families to save for long-term financial security, including through the provision of government grants and bonds. Ecuador and Panama reported on their national programmes to provide financial assistance to persons with disabilities in poverty and caregivers of persons with severe disabilities. Azerbaijan reported on its progress in improving the quality of medical, social and rehabilitation services through more efficient and extended use of information and communications technology. China and Croatia reported on the progress made in enhancing their systems for the early diagnosis for disabilities, as well as rehabilitation services.

Education and employment

22. Inclusive education and the empowerment of persons with disabilities can reduce inequalities and expedite inclusive and sustainable economic development. Member States reported on their continued legislative progress and policy development for the promotion of inclusive education for persons with disabilities, in particular at the preschool, basic and middle levels. Ecuador, for example, had introduced several inclusion programmes that provided broader access for persons with disabilities to education, including "National Model of Educational Management and Care for Students with Special Educational Needs" and "National Bilingual Bicultural Model for People with Hearing Impairment". Several Member States had also emphasized tertiary education and vocational training in empowering persons with disabilities. The Philippines, through the "Act on promoting universal access to quality tertiary education", had established a set of financial assistance programmes for persons with disabilities.

23. More comprehensive and systematic employment policies and programmes had been introduced in Member States for the inclusive economic development and empowerment of persons with disabilities. Cambodia, Canada, China and Croatia reported on different government initiatives aimed at improving the preparedness of persons with disabilities to join the labour market, including the establishment of vocational training centres, plans to make information more available and education programmes that encouraged self-employment. Panama had launched a programme aimed at promoting and guiding persons with disabilities and their families in creating small family businesses and microenterprises.

24. Furthermore, both traditional and innovative policy tools had been deployed in the labour market to promote the employment of persons with disabilities. Affirmative action, such as quota schemes applied in public and private sectors, had been an important measure in many Member States to raise awareness among employers and stimulate gradual growth in the employment rates of persons with disabilities. To enhance the effective implementation of the quota system, several Member States had developed coordination mechanisms between government bodies, the private sector and civil society. In Ecuador, a strategic alliance had been established between the Ministry of Labour, the National Council on Disability and the Federations of Persons with Disabilities, to guide and advise employers in a coordinated manner on the duties and labour rights of persons with disabilities and to monitor compliance with the quota system for the inclusion of persons with disabilities. Canada had developed labour market agreements for persons with disabilities, to transfer funds annually to the provinces and territories to establish programmes and services designed to improve the employment situation for persons with disabilities. Meanwhile, innovative solutions, such as public-private partnerships and social entrepreneurship, had also created job opportunities and had improved working environments for persons with disabilities in Croatia, Slovenia and Turkey.

Disaster risk reduction and humanitarian actions

25. Efforts to mainstream the rights, needs, perspectives and participation of persons with disabilities in disaster risk reduction efforts were reported by a number of Member States. Since the adoption of the Sendai Framework, Argentina, Cambodia, Indonesia and Togo had established or strengthened their national risk reduction frameworks. Bahrain, Canada, Croatia, Ecuador, Malta, Mexico, Panama, Peru and the Philippines reported on the development of national action plans and guidelines for disability-inclusive disaster risk reduction.

26. Recognizing the significance of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, several Member States had worked closely with civil society organizations to further strengthen and mainstream inclusion and awareness of persons with disabilities in humanitarian actions, to address the multi-sectional factors that often left certain populations more vulnerable to disasters and other emergency situations. Germany reported on the development of a gender-age-disability marker for inclusive humanitarian action for all persons with disabilities. The Philippines noted the importance of disaggregated data collection, monitoring and reporting in the aftermath of disasters, in order to better understand and respond to the needs of affected populations, including persons with disabilities, and to support pathways towards recovery and development for all.

27. At the operational level, several Member States reported on efforts to promote the accessibility and participation of persons with disabilities in the development and implementation of disaster preparedness, emergency response and recovery programmes. Ecuador had incorporated the accessibility of persons with disabilities in the training programmes it gave to government officials. It had also designed inclusive early warning systems for persons with disabilities and had developed rescue workshops for persons with disabilities.

Inclusive and accessible urban and rural development

28. It was reported that urbanization, one of the most significant trends of the twenty-first century, could be used as a powerful force to influence development across the world. With proper urban and rural development planning and management, it could accelerate progress in addressing global challenges, including poverty, inequality and access to basic services and facilities, and advancing inclusive development for persons with disabilities. A number of Member States reported on their national accessibility policies for urban planning and accessible community and housing development, public transport, public information and communication and other facilities and services. Croatia, for example, had made housing, mobility and accessibility one of the key areas of its national strategy. It aimed to build an accessible environment with the principles of universal design and to create added value for all members of society. Lithuania had launched a public governance improvement programme for the period 2012–2020, including a goal to improve the quality of service for individuals and to enhance the accessibility of services provided to society, including persons with disabilities. By 2017, 30 per cent of all public services in Lithuania had been provided electronically.

29. Member States also reported on their housing policies for persons with disabilities and their families as a means of advancing inclusive urban development. Bahrain had paid special attention to the needs of persons with disabilities for housing, with the provision of special services that provided communication and financial assistance to persons with disabilities and their families for the acquisition and use of adequate housing. In Colombia, the Government's free housing programme had granted priority to persons with disabilities and their families in the multi-family housing project.

30. Moreover, it was found that the experience and perspectives of persons with disabilities could contribute greatly to accessible and inclusive development in urban and rural areas, which benefited the general population in society. Ecuador, for instance, had included in its national policies a project to provide earthquake-resistant and accessible housing to persons with disabilities.

31. In terms of promoting accessibility in the planning, design and construction of the physical environment, public spaces and public transport, several Member States reported on their initiatives to pilot accessible projects and to encourage broader engagement and knowledge-sharing. To improve road safety for persons with disabilities, the Bahrain Road Affairs Authority had worked with different parties to launch a pilot project to install traffic signs with a voice feature for persons with visual and hearing impairments and to improve the accessibility for persons with disabilities of sidewalks and carparks in selected urban areas. Indonesia, for example, had introduced the "Inclusive City Award" to encourage competition among local leaders to improve accessibility for persons with disabilities. In Turkey, accessibility support projects had been implemented since 2012 to offer financial and technical support from different government branches, to expand accessibility and give greater financial support to the different cities involved in the programme.

32. The positive impacts of promoting accessible tourism were reported to have contributed to the promotion by Member States of accessible and inclusive urban and rural development. Colombia, for example, had launched the accessible tourism programme in 2017, to improve the accessibility of environments, products and services under the principle of universal design, through awareness-raising, training and inter-agency cooperation. Malta had pursued an accessible tourism policy that regulated accessibility in public spaces, such as hotels and beaches, and allocated specific funding in the national budget to improve accessibility.

33. Bahrain, Bulgaria, Cambodia, Canada, Indonesia, Malta, Slovenia and Turkey reported on the legislation behind and updates to their national accessibility standards, in particular for the built environment, based on the principles of universal design. Canada had updated its National Building Code, including technical provisions for the design and construction of new buildings, and had established requirements to address objectives concerning safety, health and accessibility for persons with disabilities. Slovenia had published a manual on the construction of universal buildings to help the public better understand the issues and to improve the implementation of the related laws and regulations. The European Parliament had issued a directive on the accessibility of websites and mobile applications for all users of public services, especially persons with disabilities.

Reaching the furthest behind: achieving inclusive development for all persons with disabilities

34. Strengthening the inclusion of persons with disabilities and reaching the furthest behind is a prerequisite for achieving the Sustainable Development Goals for all. Persons with disabilities, in particular those who are women, children, young people, indigenous peoples, older persons, migrants or refugees, continue to be subjected to multiple, aggravated and intersecting forms of discrimination and more prone to be left behind in social and economic development. Argentina, the Bolivarian Republic of Venezuela and Costa Rica reported on the close working relationships among their national disability agencies and other government entities devoted to the matters related to women, children and indigenous peoples.

35. Several Member States reported on national legislative measures that had an emphasis on vulnerable groups. The Sudan, for example, had adopted legislation that specifically addressed gender-based violence and human trafficking and inclusive

social and economic development for women and girls. Mexico had included in its General Law on the Rights of Children and Adolescents a section on children and adolescents with disabilities that stipulated non-discrimination as a principle for the design and implementation of public policies and promoted social inclusion through universal design and awareness-raising. China had implemented targeted social support and rehabilitation services for persons with disabilities and had provided subsidies for basic assistive devices for children with disabilities.

36. Multisectoral factors often left certain groups more vulnerable to disaster and humanitarian crises. Member States reported taking that into consideration in their approaches to disaster risk reduction and humanitarian response. Germany had developed a gender-age-disability marker for inclusive humanitarian action for all persons with disabilities. The Government of Nepal had collaborated with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) to develop guidelines for identifying and prioritizing vulnerable and marginalized populations for humanitarian response, recovery, preparedness and disaster risk reduction, including women and girls and persons with disabilities.

International cooperation

37. Member States continued to promote and strengthen international cooperation, incorporating the needs and well-being of persons with disabilities, in particular in developing countries. Canada, for example, had invested over 80 million dollars in international projects geared towards disability issues and the promotion of the rights of persons with disabilities, including efforts to strengthen inclusive health, education and employment systems and to provide emergency physical and rehabilitation services to persons with disabilities.

38. The Bolivarian Republic of Venezuela, Cambodia and Croatia reported on their commitments to advancing disability-inclusive development through the exchange of good practices and information- and knowledge-sharing, with a focus on the poorest, most vulnerable and most marginalized social groups.

Data and statistics

39. Member States reported on the measures taken to expedite the mainstreaming of data on disability into official statistics, in order to better evaluate the situation of persons with disabilities and support the development of evidence-based policies and programmes inclusive of persons with disabilities. Canada, for example, had launched a new disability data strategy that consisted of a survey on disability and a disability module in the census. Lithuania had introduced amendments to the Law on the Social Integration of Persons with Disabilities, to establish a procedure and the statistical indicators for monitoring the implementation of the Convention and the social integration of persons with disabilities.

40. Argentina, Bulgaria, Croatia and Malta reported on their progress regarding the collection, processing and dissemination of statistical information for persons with disabilities, especially in the field of social and economic development, such as employment. Bahrain reported on the open data policy that the Government had recently adopted, through which different government branches and the public had access to information and statistics on persons with disabilities. Mexico and Peru reported on the coordination efforts of several relevant ministries and departments tasked with the collection, integration and production of disability-related data and statistics. In Qatar, a team consisting of five ministries and the University of Qatar had been formed to integrate the available databases into a unified national database for persons with disabilities.

41. The Bolivarian Republic of Venezuela reported that its Disability Registration and Certification System and Homeland Registry had supported the collection of data and statistics concerning persons with disabilities and their living conditions. China had adopted the Disability Registration and Certification System to better monitor the situation of persons with disabilities and provide targeted social service packages, including social protection, basic health-care and rehabilitation services, housing, education and employment opportunities.

42. Nevertheless, several Member States noted the challenges that remained concerning the deficiency of reliable, high-quality statistics and internationally comparable data and information on the situation of persons with disabilities, owing to the varying concepts and definitions of disability between national and international contexts, the lack of specific data disaggregated by disability for the monitoring and implementation of national strategies, the financial constraints national agencies faced and the challenges for collecting data in remote and outermost areas.

B. United Nations system

43. The United Nations system continued to foster cooperation and further improve coordination among existing international processes and mechanisms to advance disability-inclusive global agendas.

44. In April 2018, the Secretary-General had decided to conduct an institutional review of the Organization's current approach to mainstreaming disabilities across its operations. The outcome of the review would inform the preparation of an internal policy and action plan to strengthen the ability to mainstream disabilities, in line with the 2030 Agenda and the Convention on the Rights of Persons with Disabilities.

45. The Department of Economic and Social Affairs, which was the focal point on disability of the United Nations system, had led the mainstreaming of disability in the 2030 Agenda. It had conducted a number of activities, including strengthening evidence-based research and the operational frameworks, provided technical support to Member States through the development of practical tools[10] and also provided capacity-building workshops,[11] and promoted multi-stakeholder dialogue through consultations, forums and expert group meetings. Currently, the Department was leading the preparation and production of the upcoming flagship report on disability and development, which would provide a compilation and analyses of the current situation of persons with disabilities and national policies and programmes for the realization of the Sustainable Development Goals by, for and with persons with disabilities. Those ongoing efforts continued to lead international discourse on evidence-based policymaking for inclusive development for persons with disabilities.

46. In the area of disability data and statistics, the United Nations Statistical Commission, at its forty-ninth session, had called for the compilation and analysis of information on national practices in collecting data and estimates on disability, with a view to understanding the causes of the observed differences. It had also endorsed the creation of a group of experts to review data-collection instruments and provide

[10] For example, the Toolkit on Disability for Africa of the Department of Economic and Social Affairs, available at www.un.org/esa/socdev/documents/disability/Toolkit/CRPD-Trainers-tips.pdf.

[11] In the past two years, the Department of Economic and Social Affairs had conducted workshops in several countries in Africa and Latin America with the participation of government officials, experts and representatives from organizations of persons with disabilities from more than 30 countries.

guidance for the disaggregation of data by disability status, among other things.[12] Currently, the Department of Economic and Social Affairs was updating the Guidelines and Principles for the Development of Disability Statistics through the above-mentioned group of experts, to ensure an effective data programme that responded to the policy needs for the implementation, monitoring and evaluation of sustainable development for all, including persons with disabilities. Relevant stakeholders in the field had been engaged to work together for a harmonized and coordinated approach for capacity-building that took into account the short- and long-term statistical development needs of countries on the status of persons with disabilities and on inclusive development.

47. The Office of the High Commissioner for Human Rights, with the support of the European Union, had launched a project entitled "Bridging the Gap", the first part of which focused on human rights indicators of the Convention on the Rights of Persons with Disabilities in support of a disability-inclusive 2030 Agenda for Sustainable Development, and aimed to develop tools to facilitate the implementation of the Sustainable Development Goals, guided by the Convention.

48. The regional commissions continued their efforts to engage Member States, persons with disabilities and other major stakeholders in advancing the full and effective participation and inclusion of persons with disabilities in the implementation, monitoring and evaluation of the internationally agreed development goals. The Economic and Social Commission for Asia and the Pacific had supported the implementation, monitoring and evaluation in the region of the 2030 Agenda for Sustainable Development, as well as the Incheon Strategy. The Economic and Social Commission for Western Asia had supported the establishment of an intergovernmental network of experts on disability policy, the Inter-sessional Group of Experts on Disability, at the regional level, which had strengthened South-South and triangular cooperation, exchanged information on disability and discussed disability-related goals and targets in the 2030 Agenda.

49. The Economic Commission for Latin America and the Caribbean had organized with the Statistics Division of the Department of Economic and Social Affairs an expert group meeting entitled "Regional meeting on disability measurement and disability statistics in support of the 2030 Agenda for Sustainable Development and the World Programme on Population and Housing Census in 2020", to exchange national experiences on the approaches adopted to measure the population with disabilities.

50. Other United Nations funds and programmes had also worked in their specific areas to ensure that development policies and programmes in the implementation of the 2030 Agenda included persons with disabilities and their situations and perspectives. The United Nations Relief and Works Agency for Palestine Refugees in the Near East had continued its work for Palestine refugees with disabilities, including the implementation of full Education in Emergencies approach and the adoption of disability-inclusive criteria for service provision. The International Labour Organization had focused its work on the promotion of disability-inclusive development for social protection, vocational training and employment. The World Health Organization (WHO) had continued its work for persons with disabilities in accordance with its global disability action plan for the period 2014–2021,[13] including by providing technical support to Member States in removing barriers to health services for persons with disabilities. WHO also continued to promote the rights and inclusion of persons with disabilities through community-based inclusive

[12] Statistical Commission decision 49/116 on disability statistics. See report of the Commission at its forty-ninth session (E/2018/24-E/CN 3/2018/37).

[13] Available at www.who.int/disabilities/actionplan/en/.

development as well as the WHO QualityRights initiative and toolkit.[14] The World Tourism Organization had continued its effort in promoting accessible tourism for all through close collaboration with civil society to create an international standard to offer clear guidelines for tourism planning and destination management for accessible urban development as well as inclusive development for all.

51. In 2017, UN-Women had supported initiatives for the empowerment of women and girls with disabilities in nearly 30 Member States, including by partnering with women organizations to support legal and psychosocial services to enhance the capacity of women and girls with disabilities to advocate for gender equality in the humanitarian context. The implementation plan of UN-Women for the System-wide Strategy on Gender Parity addressed the inclusion of women with disabilities. UN-Women was also finalizing a strategy for the empowerment of women and girls with disabilities and for disability inclusion in all areas of its work.

52. The United Nations system had strengthened its collaboration and coordination to achieve coherence and synergies in the area of disability. The members of the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities had worked in a coordinated manner by reviewing collectively the policies and practices concerning disability inclusion and the implementation of the Convention.[15] The Group had presented joint statements, especially to the Conference of States Parties to the Convention on the Rights of Persons with Disabilities at its tenth session. The Group had also established sub-working groups to focus on certain pertinent issues, such as humanitarian actions, community-based development initiatives, women and girls with disabilities and a potential system-wide action plan on disability. The United Nations Partnership to Promote the Rights of Persons with Disabilities (the Disability Partnership)[16] had already committed financial support to 38 United Nations country teams for the implementation of joint United Nations programmes to advance the implementation of the Convention.

53. In the face of changing global development landscapes, there remained challenges and gaps to achieve the Sustainable Development Goals for all and to implement the 2030 Agenda with no one left behind. Further actions must be taken by the United Nations system to better support the endeavour of Member States in promoting the inclusion and the rights of persons with disabilities in all spheres of development and society and to make the United Nations itself fully inclusive of persons with disabilities.

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[14] The WHO QualityRights initiative and toolkit aims to improve the quality and human rights condition in inpatient and outpatient mental health and social care facilities and empower organizations to advocate for the rights of persons with mental and psychosocial disabilities. For more information, see www.who.int/mental_health/policy/quality_rights/en/.

[15] The Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities was established in 2006 by the United Nations System Chief Executives Board for Coordination, in a decision at its twelfth session (see CEB/2006/7, para. 58). The Secretariat of the Group is led jointly by the Department of Economic and Social Affairs and OHCHR, and the Group engages widely with the Secretariat of the United Nations, as well as its funds and programmes, entities, other bodies and specialized agencies.

[16] The Disability Partnership is a unique collaborative effort that brings together United Nations entities, Governments, disabled people's organizations and civil society to advance the rights of persons with disabilities around the world. Building on the networks and expertise of its diverse members, the Partnership facilitates joint programming at the country, regional and global levels, with a focus on policy dialogue, coalition-building and strategic capacity-development to advance disability-inclusive development. The United Nations entities that participate in the Partnership are ILO, OHCHR, the Department of Economic and Social Affairs, the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund, the United Nations Children's Fund (UNICEF), UN-Women and WHO.

C. Civil society organizations

54. Significant progress had been made by civil society organizations in facilitating and supporting the effective and active participation of persons with disabilities and their representatives in decision-making processes, in particular for inclusive development, at the international, regional, national and local levels. Through awareness-raising, training programmes and knowledge-exchange and research initiatives, a number of civil society organizations had reported on the progress made by, for and with persons with disabilities for inclusive development. The European Disability Forum had produced a report on the 2030 Agenda and the Sustainable Development Goals to share a European perspective on inclusive and sustainable development for persons with disabilities. The Zero Project, for example, had launched an initiative to provide a platform for the exchange of innovative policies and practices to promote accessibility in all aspects of urban development, engaging Governments, other civil society organizations and the private sector.

IV. Conclusions and recommendations: ways forward to further inclusive development for persons with disabilities

55. In pursuit of the implementation of the 2030 Agenda for Sustainable Development, disability issues must be further mainstreamed as an integral part of policies and programmes for inclusive development. In recent years, Governments and other stakeholders, including civil society organizations and the private sector, have achieved significant progress in mainstreaming disability in the implementation of their national development efforts. A growing number of national strategies and action plans have adopted integrated approaches and strengthened institutional structures and mechanisms for better coordination and implementation. The world over, more and more success stories are appearing on incorporating the rights, well-being and perspectives of persons with disabilities in the implementation of development policies and programmes. Disability has started to gain momentum as a priority issue in international cooperation for inclusive development, in the context of the 2030 Agenda.

56. The General Assembly has reiterated that there are persistent gaps between political commitments and development practice on the ground. It is imperative that the common goals, objectives and principles of the Convention on the Rights of Persons with Disabilities and the 2030 Agenda be translated into concrete action that incorporate the rights, well-being and perspective of persons with disabilities in development policies, programmes and activities.

57. Moving forward, it is critical that Member States and other stakeholders address the challenges and concerns of those left furthest behind in society and in development, and ensure that persons with disabilities are given equal opportunities and access to participate in all spheres of society and development. To that end, the United Nations is stepping up its efforts to mainstream disability in all aspects of its operations and to provide normative, analytical and technical assistance to Member States in their endeavours to implement the 2030 Agenda for persons with disabilities.

58. The General Assembly may wish to consider the following specific actions to promote further inclusive development by, for and with persons with disabilities, in particular in the implementation, monitoring and evaluation of the 2030 Agenda, in line with the Convention:

(a) Urge Member States, the United Nations system and other stakeholders to further strengthen the normative framework on disability in line with the principle of the 2030 Agenda to "leave no one behind", addressing disability as a global issue and cutting across the three pillars of the United Nations, namely, peace and security, human rights and development;

(b) Urge Member States and other stakeholders to harmonize laws, policies and programmes for the equal and full participation of persons with disabilities in society and development, in line with the Convention, and to develop a holistic framework for the implementation of the Sustainable Development Goals and other internationally agreed development goals, by, for and with persons with disabilities, through strengthened coordination and follow-up and review mechanisms at the national, regional and global levels;

(c) Encourage Member States, the United Nations system and relevant stakeholders to strengthen ongoing efforts towards disability-inclusive disaster risk reduction and humanitarian action through new and existing partnerships and networks in the disaster risk reduction and the humanitarian domains, as appropriate, to build resilience, better mitigate risks and support pathways towards recovery and development, including during protracted crises;

(d) Encourage Member States, international development institutions and other stakeholders, including the private sector, to ensure that accessibility is promoted as a means of achieving as well as the ultimate goal of inclusive society and development, and to apply the principles of universal design in urban and rural development, including the planning, design and construction of physical and virtual environments, public spaces, transportation and public services;

(e) Call upon Member States, in the context of monitoring the implementation of the 2030 Agenda and given the need to collect data disaggregated by disability status: (i) to choose appropriate measurement tools; (ii) to examine the underlying concepts, purposes and advantages of existing relevant data-collection tools and instruments; and (iii) to ensure that all relevant stakeholders work with the United Nations to address the existing data gaps, including the urgently needed baseline data for monitoring progress in the implementation of the Sustainable Development Goals for persons with disabilities, and to strengthen national capacities in that regard;

(f) Take note of the steps taken by the Secretary-General to strengthen coordination, coherence and accountability for the inclusion of the rights, well-being and perspectives of persons with disabilities in United Nations operations, and request that he provide an update to it on those measures in due course.

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Seventy-third session
Item 78(a) of the provisional agenda*
Oceans and the law of the sea

Note verbale dated 5 July 2018 from the Permanent Mission of the Kingdom of Saudi Arabia to the United Nations addressed to the Secretary-General

The Permanent Mission of Saudi Arabia to the United Nations presents its compliments to the Secretary-General and refers to its note verbale No. 4470 of 29 June 2017 addressed to the Secretary-General, as well as previous relevant notes verbales. In those documents, the Government of Saudi Arabia protested in the strongest terms against the repeated incursions and violations perpetrated by Iranian ships and boats into the protected zones of oil fields and platforms located in the territorial waters of Saudi Arabia in the Arabian Gulf, as defined by the agreement concerning the Arabian Gulf that was concluded between the two countries on 24 October 1968, and demanded that the Government of the Islamic Republic of Iran desist from such actions.

Despite letters of protest addressed to the Government of the Islamic Republic of Iran and to the Secretary-General, there has been an escalation in the incursions and violations perpetrated by Iranian ships and boats in the waters of Saudi Arabia in the protected zones of oil fields whose coordinates are set out in global nautical charts. Those zones are located in the territorial waters of Saudi Arabia and its exclusive economic zone in the Arabian Gulf.

In view of the repeated incursions and violations committed by Iranian ships and boats, including those of 17 November 2016, 16 June 2017, 27 October 2017 and 21 December 2017, the competent authorities in Saudi Arabia have taken the necessary measures in respect of the incursions and violations, in accordance with the regulations in force in Saudi Arabia.

The Government of the Kingdom of Saudi Arabia stresses that the Government of the Islamic Republic of Iran bears full responsibility for any harm that may occur as a result of the incursions and violations.

The Permanent Mission of Saudi Arabia would be grateful if the Secretary-General could have the present note verbale circulated as a document of the General Assembly, under item 78(a) of the provisional agenda, and published in the next issue of the *Law of the Sea Bulletin*.

* A/73/150.

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Seventy-third session
Item 28 (b) of the provisional agenda*
Social development: social development, including questions relating to the world social situation and to youth, ageing, disabled persons and the family

Follow-up to the International Year of Older Persons: Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report is submitted in response to General Assembly resolution 72/144 on follow-up to the Second World Assembly on Ageing. It focuses on the cross-cutting issues involved in the provision of high-quality and affordable long-term care for older persons, while also taking into account the needs of paid and unpaid care providers, many of whom are women and migrant workers. The report also provides a brief overview and highlights of work on ageing within the United Nations system.

* A/73/150.

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 72/144 on follow-up to the Second World Assembly on Ageing, in which the Assembly calls for, inter alia, the age-inclusive implementation of the 2030 Agenda for Sustainable Development. It follows the previous report of the Secretary-General on the same subject (A/72/161), which focused on the interlinkages between the economic security and well-being of older persons, including income poverty, access to decent work and employment and to financial services, good health and long-term care in the context of the Sustainable Development Goals and discussions at the high-level political forum on sustainable development.

2. The Department of Economic and Social Affairs, as the focal point on ageing in the United Nations system, has continued to explore the cross-cutting relationship between key ageing policy issues, the implementation of relevant Sustainable Development Goals and the implementation, review and appraisal of the Madrid International Plan of Action on Ageing, 2002.

3. As the number of older persons continues to grow longevity rates are also growing in nearly all countries. This combination of factors often increases both the incidence of age-related frailties and the need for more long-term care, which has led to extensive discussion of the need to ensure the provision of high-quality and professional care in a sustainable manner. However, balancing the quality and affordability of long-term care with decent work for caregivers, many of whom are migrant workers, while accounting for the gender-related nature of the provision of both paid and unpaid care, is complex, and these issues are often discussed in isolation from one another.

4. The present report provides a brief overview of the key issues faced by both paid and unpaid long-term care at the global level. It then discusses how the decent work agenda needs to be more fully applied to paid care workers in order to ensure both better working conditions and enhanced quality of care services; the issue of the use of unpaid caregivers; and finally the issues surrounding the employment of migrant care workers. These issues are reviewed within the context of the attainment of the relevant Sustainable Development Goals, in particular with regard to gender, and recommendations are offered for the consideration of Member States. Also taken into account are the outcomes of a United Nations expert group meeting on the theme "Care and older persons: links to decent work, migration and gender", held in December 2017,[1] as well as the inputs of Member States and other participants in the ninth session of the Open-ended Working Group on Ageing on the issue of long-term care. An update is provided as well on developments in the field of ageing within the United Nations system in relation to the implementation of the Madrid Plan of Action and the Sustainable Development Goals.

II. Care and older persons

5. While many older persons enjoy relatively good health into their later years, others may experience a higher risk of chronic diseases and other health risk factors, such as high blood pressure and diabetes, age-related loss of hearing and sight, marked increases in disability related to arthritis, cognitive illnesses such as dementia and Alzheimer's, and higher risk to injuries from falls.[2] The interaction among these

[1] United Nations, "Report of the expert group meeting on the theme: "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[2] United Nations. "The growing need for long-term care: assumptions and realities", Department of Economic and Social Affairs briefing paper, 2017.

health characteristics contributes to losses of intrinsic capacity of older persons and their ability to draw on their physical and mental capabilities.[3] Care services and support systems and the way in which they are provided are vital to maintaining the health and well-being of older persons and to ensuring a high quality of life by enabling them to live more independently, with dignity and choice, personal safety and the ability to participate in their communities and society.[1]

6. Providing care for older persons over an extended period is referred to as long-term care. While the terms "care" and "long-term care" are sometimes used interchangeably, they encompass different things. The World Health Organization (WHO) Global strategy and action plan on ageing and health adopts the following definition of long-term care: "activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity".[4] This includes care provided at home, in the community or in institutions. However, there remains a challenging absence of consensus on the use of terminology in the field of long-term care, such as the use of "informal care" or "formal care", "paid care" or "unpaid care", "organized care" or "unorganized care", "trained caregivers" or "untrained caregivers" and "regulated care work" or "unregulated care work".[1]

7. There is prevailing misinformation about the availability of resources for the care of older persons, which tends to be associated with assumptions about the extent of government support for long-term care. The mid-term progress report of the Global strategy and action plan on ageing and health showed only 41 per cent of Member States reporting a national policy on long-term care.[5] Unmet needs in social care among older people are widespread and the number of older people requiring care and support is rapidly growing as a result of demographic trends. According to a recent International Labour Organization (ILO) working paper, 48 per cent of the global population is not covered by any national legislation on long-term care and 46 per cent of paid care provided by Governments is subject to means-testing, which makes coverage available to older persons only when they live below the poverty line.[6] Many older persons are therefore without access to long-term care services, with long-term care systems often characterized by extremely low levels of public expenditure, high out-of-pocket costs and shortages of formal care workers.[1]

8. The issue of long-term care has been rising on the agendas of many Member States, including in developing countries. In 2017, long-term care was recognized as an emerging issue in Africa, as evidenced by the adoption of the African Union common position on long-term care. In addition, a regional policy dialogue involving representatives of 28 countries was convened in partnership with the International Association of Gerontology and Geriatrics to foster understanding and commitment to long-term care in sub-Saharan Africa.[7] A rights-based approach to long-term care policies is apparent in Latin American countries, such as Argentina and Costa Rica, which have ratified the Inter-American Convention on the Protection of the Human Rights of Older Persons, article 12 of which presents the legal framework and definition of long-term care on which policy is based.[8]

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[3] World Health Organization, World Report on Ageing and Health (Geneva, 2015).

[4] WHO, Global strategy and action plan on ageing and health (Geneva, 2017).

[5] See WHO, "Global strategy and action plan on ageing and health: 10 mid-term progress indicators" (Geneva, May 2018), indicator 8.

[6] Xenia Scheil-Adlung, Long-term care protection for older persons: a review of coverage deficits in 46 countries, ESS Working Paper No. 50 (Geneva, International Labour Organization, 2015).

[7] WHO document A71/41.

[8] Organization of American States, Inter-American Convention on Protecting the Human Rights of Older Persons.

9. Current approaches to the ways in which long-term care is provided and funded vary markedly among Member States. For example, members of the Organization for Economic Co-operation and Development exhibit a variation in public spending on long-term care ranging from less than half per cent of gross domestic product (GDP) in countries such as Israel, Latvia and Poland to more than 4 per cent of GDP in the Netherlands. This variation signifies differences in the setting and scope of the provision of formal versus informal care, as well as differences in the reliance on out-of-pocket payments by older persons and their families to fund a portion of long-term care services. Understanding these differences and their impact is crucial to designing policies that provide the support and care that older persons need.[9]

10. Family caregivers, in particular female household members, are the most important source of care for older people with long-term care needs. There is a prevailing familial approach to care for older persons in many African, Arab and East Asian countries that is deeply rooted in cultural and religious obligations, to the extent that the notion of utilizing institutional facilities, for example, remains a stigma. In some cases, a substantial degree of family-based care provided in the home is unpaid, unsupported and often delivered by untrained caregivers who may have to assist with complex medical and nursing tasks that are typically undertaken by health professionals.[1,10] Some Member States have implemented policies to support family caregivers, such as by providing financial support for families with low-income in Bahrain, providing respite care[11] in the Philippines, providing training services in Kenya and Sweden and providing paid care leave in Germany.[12]

11. Institutional long-term services, which are scarce worldwide apart from high-income countries, encompass a comprehensive range of services, including medical care, geriatric treatment, psychological care and rehabilitation. Institutional settings, for example, include long-term hospitalization in New Zealand and the Russian Federation and residential facilities and nursing homes in Georgia, Hungary and Serbia. Since many older persons prefer to receive long-term care services at home and it is much cheaper than institutional care, countries have been shifting emphasis towards implementing programmes that support home-based care services. Moreover, many Member States have supported long-term care by providing a range of public services, infrastructure, cash benefits and social protection.[13]

12. Long-term care does not exist in isolation. It is intertwined with various public policy areas and therefore presents a complex challenge in policy design and implementation for Member States advancing long-term care agendas.[14] The provision of high-quality and affordable long-term care necessitates an analysis of the social dimensions of care for older persons. Sections III to VI below review the trends, drivers and impacts of care that are often overlooked in sector-based discussions, including links to decent work, unpaid care work, migration of care workers and the gender-related aspects of care work.

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[9] Tim Muir, "Measuring social protection for long-term care", OECD Health Working Papers No. 93 (Paris, 2017).

[10] AARP Public Policy Institute, "Millennials: the Emerging Generation of Family Caregivers" (May 2018).

[11] Respite care provides short-term relief for primary caregivers.

[12] Inputs of Member States to guiding questions on long-term and palliative care for the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[13] Ibid.

[14] United Nations Research Institute for Social Development, Policy Innovations for Transformative Change: Implementing the 2030 Agenda for Sustainable Development (Geneva, 2016).

III. Care and decent work

13. The 2030 Agenda and the Sustainable Development Goals have the achievement of decent work for all as a central objective. Work that is safe, productive and fulfilling and that provides a fair income and opportunities for growth is aspired to for its own sake as well as to foster other aims, such as full participation in society, inclusive and sustained economic growth, economic empowerment and inclusion, in particular for vulnerable groups, shared prosperity and security. Sustainable Development Goal 8 specifically commits Governments to promoting full and productive employment and decent work for all women and men and to protecting labour rights and promoting safe and secure working environments for all workers, including migrant workers, in particular women, and those in precarious employment. Efforts to realize the Agenda and attain the Goals will not succeed without addressing the considerable decent work deficits of millions of workers who provide care to the world's rapidly growing numbers of older persons. Meeting the challenge of ensuring that paid care work is decent work will also improve the well-being of older persons who receive care since evidence shows that the wages and working conditions of care workers correlate with the quality of care.[15]

14. As noted above, the ageing of populations across regions suggests an ever-growing need for formal care workers. Care work in general, which has largely centred around child care, will increasingly be concentrated on older persons. In 2015, the ILO noted that the care economy, along with the green economy, are two commonly identified sources of future job growth across countries.[16] Long-term care is among the fastest growing sectors, with the potential to generate both employment and economic growth. Investments in the quality of care jobs are critical to realizing that potential.

15. As of 2015, the world was experiencing a shortage of about 13.6 million formal long-term care workers.[17] The shortages were largest in the Asia-Pacific region, at 8.2 million workers, and smallest in Africa and the Americas, at 1.5 and 1.6 million workers, respectively. In Europe, the shortage amounted to 2.3 million workers. Inadequate numbers of care workers point to the exclusion of older persons from formal care, increasing the burden of unpaid family caregivers or, in some cases, leaving care needs unmet.

16. The paid care labour force comprises a broad spectrum of workers, from domestic workers and nursing staff to allied health professionals, such as physical and occupational therapists and geriatric specialists. They work in both home and institutional settings, including day-care centres, residential nursing homes, community and acute hospitals and inpatient hospices. Levels of skill, wages and benefits differ greatly. In OECD countries, about 70 per cent of formal care workers are personal care workers for whom no standard or minimum qualifications are mandated in many countries,[18] while the remaining 30 per cent are nurses with a minimum number of years of training.

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[15] Nancy Folbre, "Demanding quality: worker/consumer coalitions and 'high road' strategies in the care sector", *Politics and Society*, vol. 34, No. 1 (2006); and United Nations Educational, Scientific and Cultural Organization, *A Review of the Literature: Early Childhood Care and Education (ECCE) Personnel in Low- and Middle-Income Countries* (Paris, 2015).

[16] ILO, Report of the Director-General on the future of work centenary initiative, International Labour Conference, 104th Session, 2015 (ILC.104/DG/I) (Geneva, 2015).

[17] Scheil-Adlung, loc. cit.

[18] European Commission and Social Protection Committee, *Adequate Social Protection for Long-term Care Needs in an Ageing Society* (Luxembourg, 2014).

17. As is the case for family care work, paid care work is largely undertaken by women, many of whom are migrants, and is widely perceived to be a female profession. Compared to other occupations, care work is generally undervalued and holds low status in society. Paid care work often provides workers with low wages, little job security, poor working conditions and few or no benefits. In addition to the low or absent qualifications required to enter into many care jobs, training opportunities while employed in care work are also limited or lacking, further preventing upward mobility in the field. In particular, workers are often inadequately trained regarding the rights and dignity of care recipients. In some cases, care workers are also subjected to verbal and physical abuse, sexual harassment and discrimination on the part of care recipients and their relatives.[1]

18. Caregivers tend to be underpaid even in comparison to other occupations whose workers have similar skills, education and experience, which has been referred to as the care penalty.[19] Wage penalties in care are associated with sex segregation in occupations, although they persist after controlling for segregation[20] and are higher where income inequality is high and union activity is low and where public sectors are small and public spending on care is low.[21]

19. These aspects of care work, along with schedules that involve long working hours and shift work and the lack of recognition, contribute to the undesirability of long-term care jobs and high turnover and low morale in those who hold them. Yet interventions can improve the terms and status of care work. In New Zealand, for example, care worker earnings were raised considerably by a pay equity settlement which led to care work becoming more valued, along with care workers.[22]

20. Paid care work tends to be unregulated, particularly in developing countries, many of which have seen patterns of growth in the provision of private and non-profit care services. Across countries, absent or inadequate regulations or their enforcement can put at risk decent work or prospects for decent work, as well as the quality of care, and can even increase the vulnerability of older persons to abuse. Effective regulation of care work has been shown to facilitate interaction between care workers and care recipients, lowering the likelihood of low worker morale and job turnover because of poor wages and working conditions. Regulation also improves the likelihood of training for care workers that is sensitive to the needs and preferences of older care recipients.[23]

21. WHO highlights three areas of action for effective, sustainable and equitable long-term care systems, two of which give significant attention to the role of decent work for caregivers.[24] They address capacity-building of the care labour force through, for instance, training and opportunities for advancement and the improvement of care quality through, inter alia, the establishment of minimum standards and accreditation for care providers.[25] These areas also closely correspond with the concerns of many Member States regarding the fulfilment of older persons'

[19] Paula England, Michelle Budig and Nancy Folbre, "Wages of virtue: the relative pay of care work", *Social Problems*, vol. 49, No. 4 (November 2002).

[20] Michelle J. Budig and Joya Misra, "How care-work employment shapes earnings in cross-national perspective", *International Labour Review*, vol. 149, No. 4 (2010).

[21] Shahra Razavi and Silke Staab, "Underpaid and overworked: a cross-national perspective on care workers", *International Labour Review*, vol. 149, No. 4 (2010); and Budig and Misra, loc cit.

[22] Inputs of the New Zealand Human Rights Commission to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[23] Razavi and Staab, loc. cit.

[24] The other action area is the development and continual improvement of the long-term care system infrastructure.

[25] Inputs of the World Health Organization to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

rights to long-term care. Shortages of qualified caregivers and the need to secure better training for workers are government priorities, along with the need to facilitate ageing in place. The Russian Federation also identifies as a challenge the lack of a unified system for training and retraining long-term care specialists.[26]

22. At the global level, average public expenditure for long-term care is low, at less than 1 per cent of GDP.[27] Greater investment will be needed not only to keep up with the growing numbers and proportions of older persons but also to provide better training and support to caregivers. Conversely, cutbacks in public spending are likely to have a detrimental effect on the quality and availability of care jobs and hence on access to and the quality of care as well. Austerity measures, for example cuts in disability and long-term care benefits, can lead to expanded waiting lists for benefits and services, as well as staff reductions, wage cuts and reduced hours and more short-term contracts among affected care workers.

23. A range of steps can be taken to enhance the quality of care jobs and, in turn, the quality of care itself. As a starting point, it is crucial that Governments recognize domestic and care workers as workers protected under national labour law, which is still not the case in some countries. National training standards can lay out the core skills and competencies required of care work, which can be developed through the establishment and improvement of regulated training facilities that provide multiple levels of training and certification to promote career advancement.[28] Working conditions can be improved through adhering to international labour standards and national labour laws. In particular, the ILO Domestic Workers Convention, 2011 (No. 189), was the first international instrument to extend basic protections and rights to domestic workers, many of whom provide care to older persons. Nonetheless, as of June 2018, the Convention has been ratified by only 25 countries,[29] although in some countries progress in line with the Convention is occurring more rapidly at local levels. With regard to working hours, reducing the duration of shifts and adopting flexible work arrangements can serve to improve morale and retention. It should also be noted that new technology can contribute to decent work in caregiving, for example by easing physically challenging tasks; facilitating online learning and dissemination of information about worker rights and mobilization; and communication, including with family members.

24. In order to improve and standardize wages for care workers, pay scales can be established through systematic job evaluations.[30] Higher wage levels should be accessible based on an expanded job scope, upgraded skills or career progression. Where there are care workers shortages, which is particularly the case with nurses, workers should leverage global competition to demand higher wage levels. Moreover, the gender stereotyping of care jobs must be challenged so that care work becomes equally accessible and attractive to men and women and garners greater value by society.

25. Access to social protection and to social dialogue are also elements of decent work and many caregivers work on an informal basis and lack social security coverage and opportunities to organize. Social protection coverage can be improved by guaranteeing it as a right in national legislation and exploring alternative financing options, such as sovereign wealth funds. Participation by caregivers in collective

[26] Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[27] Scheil-Adlung, loc. cit.

[28] Thelma Kay, "Towards caregiving as decent work", paper presented at a United Nations expert group meeting on the theme: "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[29] ILO, "Ratifications of the Domestic Workers Convention, 2011 (No. 189)".

[30] Kay, loc. cit.

action and consultations between employers and worker organizations — from professional bodies and councils to networks of migrant workers — should be enabled. The National Union of Domestic Employees of Trinidad and Tobago, for example, raises awareness of domestic workers' rights and employers' responsibilities, facilitates negotiations between its members and employees and has successfully argued court cases for members regarding the violation of minimum wage and maternity protection legislation. Moreover, the Union established the Service Workers Centre Cooperative, which secures work contracts (the model for which was developed through a tripartite process) for its members that guarantee a living wage and access to ongoing training and education and facilitate the lodging of complaints.[1]

IV. Unpaid care work

26. While the 2030 Agenda and the Sustainable Development Goals give particular attention to the promotion of decent work, the issue of unpaid care is also specifically addressed. Target 5.4 highlights unpaid care and domestic work, with Governments affirming that they will: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate." With most unpaid care around the world carried out by women, it is necessary to explore the gender dynamics of caregiving and to reduce the burden of providing unpaid care, while providing recognition and support to those who choose to undertake it.

27. Globally, most care provided to older persons is carried out by family members. To varying degrees, caring for older relatives is a social norm across most societies, considered to be more a duty of families than of the public sector. Many older persons themselves prefer to be cared for by family members with whom they have close relationships. Overreliance on families for the provision of high-quality care to older persons who require it, however, is not without risk.

28. Numerous assumptions are inherent to the institution of family care. For example, it is assumed that women are naturally providers of care; that family members choose to engage in unpaid care work to the extent required by the care recipient; that they are equipped with the knowledge and resources to provide high-quality care; that all older persons have children or other relatives to provide care; and that family caregivers can afford to forego paid work and other responsibilities and aspirations to provide the level of care required. In fact, some Member States have legislation mandating that children or other close relatives provide care or support for their older family members. Often, these assumptions do not fully match the actual experiences of families.

29. Given demographic changes whereby the number and proportion of older persons in populations are on the rise and the current dearth in many countries of long-term care systems, the provision of care for older persons can be expected to pose ever greater strain on families. While Europe and northern America are currently the regions most affected by population ageing, its pace is advancing fastest in the developing regions.[31] Accordingly, even where populations currently have a large number of potential caregivers (youth and adults) for every individual older person who may or may not need care, this ratio will rise. Already, it is in low-income and middle-income countries that care needs are greatest owing to factors such as limited resources with which to establish and develop long-term care systems, competing

[31] United Nations, World Population Ageing 2017 (New York, 2017).

policy priorities, weak public health systems and the disproportionate effects of non-communicable diseases in these countries; therefore, the development and strengthening of care systems and strategies, particularly in developing countries, will take on greater urgency over time.

30. Across countries, the allocation of caregiving responsibilities in families is not random. On average, the amount of time that women spend on caregiving exceeds the amount of time spent by men by a factor of about three.[32] In part, gender disparities in the provision as well as the receipt of care can be explained by the tendency of women to have longer life expectancy and to marry men who are older than they are. Nonetheless, whether out of affection, duty or necessity, care tends to be shouldered by daughters, wives, daughters-in-law and granddaughters, with friends and neighbours sometimes contributing. It also happens that care responsibilities are passed on to some women, in particular younger female family members with lower status, by older relatives, often women, through manipulation or coercion.[33] In short, women are widely subject to entrenched gender stereotypes that portray them as having an inherent inclination and capacity to provide care, even to the extent that it is considered to be distinct from work.

31. At the same time, older women across countries are more likely than older men to live alone — 17.6 per cent to 8.7 per cent — a living arrangement that reduces the likelihood of receiving care or financial assistance from others.[34] Residential patterns among older persons aged 80 and over suggest that women across age groups are more likely than men to provide care to older persons and less likely than men to receive it in their old age.[35]

32. Within countries, the distribution of care work and its intensity are especially influenced by family structure and composition, income, the availability of infrastructure to meet household needs (such as water and sanitation) and the accessibility of health and care services.[36] As such, among other challenges to family care is the evolving structure of families themselves, in particular the decline of traditional extended family households, which are increasingly giving way to nuclear ones, reducing the likelihood of having a resident family member available to provide unpaid care. Decreased fertility and increased mobility due to urbanization and outmigration have also led to smaller household sizes. Moreover, women's increasing participation in the labour market puts pressure on their often "traditional" role as family care providers. In parallel to these trends, there is constant tension among the various sources of care, including family care and public, for-profit and non-profit care services. Where any one source is strained, such as owing to funding cuts or worker shortages, the others must compensate, with families often bearing the brunt of the burden. Many Governments and non-governmental organizations, in their inputs to the ninth session of the Open-ended Working Group on Ageing, cited changing household structures as a challenge to the access of older persons to care.[37]

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[32] United Nations Statistics Division, SDG Indicators Global Database.

[33] Peter Lloyd-Sherlock, "Unpaid family care for older people in low and middle income countries," paper presentation presented at the United Nations expert group meeting on the theme: "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[34] Ibid.

[35] Ibid.

[36] Shahra Razavi, "Long-term care for older people: the role of unpaid care work", paper presented at a United Nations expert group meeting on the theme "Links to decent work, migration and gender", New York, 5–7 December 2017

[37] Inputs of Member States to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

Nonetheless, both older persons and families should have choices about whether and how to receive and give care.

33. As family care work is unpaid and is not reflected in GDP or labour force surveys, it tends to be unrecognized and undervalued despite the fact unpaid care work enables all other work to be done. It should be noted that caregiving is a unique kind of labour for which there is no ideal way of assigning value. There are, however, efforts to measure and to assign monetary value to unpaid care work, in particular by utilizing time-use surveys, in order to make such work visible and understood as worthy of support and investment. In the United Kingdom, for example, it was estimated that time spent in 2014 on adult care by unpaid family caregivers — if valued at basic market rates — would equal more than US$70 billion.[38]

34. In addition to this lack of recognition, caregivers often experience multiple burdens, such as caring for dependent children and older relatives, some of whom may require intense care, managing household chores and finances and engaging in income-generating activities. Further, caregivers who are overworked are at risk of providing poor-quality care. At the same time, there are examples of family members undertaking care responsibilities out of self-interest in order to gain access to the pensions or assets of care recipients.

35. Lack of adequate training commensurate with the needs of care recipients and lack of support for caregivers are also significant barriers to the provision of high-quality family care for older persons. Family caregivers may lack the specific skills and knowledge to ensure the well-being of older persons under their care. There is often a dearth of care literacy or understanding of the ageing process and how it evolves, of frailty, of what caregiving entails, and of knowing where to turn for services and information that can be of assistance and how to monitor and improve the quality of care.[39] The Russian Federation, for example, reported that there is insufficient awareness among family caregivers of available sources of assistance.[40] Initiatives such as the Helping Carers to Care intervention of the 10/66 Dementia Research Group strive to improve dementia care in low-income and middle-income countries.[41] That initiative focuses on basic education and training for community health-care workers and family members. Randomized controlled trials undertaken in nine countries found improved caregiver outcomes, such as reduced strain.

36. Unpaid family caregivers sometimes experience declining physical and mental health themselves, especially in cases where their care recipients have significant and complex care needs.[42] Furthermore, unpaid family caregivers often confront economic strain, having taken on caregiving expenses and reduced their paid working hours or otherwise become further detached from the labour market to meet care demands, which makes reintegration more challenging over time. For these reasons, caregiving entails important opportunity costs in terms of foregone wages, time and achievements in paid employment that could lead to advancement and training, not to mention foregone leisure time, which is crucial for personal well-being and the quality of care provided to older persons. In the United States, it is estimated that family caregivers aged 50 and over who leave the labour market to provide care for a parent give up an average of almost $304,000 in wages and benefits over their

[38] Peter Lloyd-Sherlock, "Long-term care for older people: a new global gender priority", Policy Brief No. 9 (New York, UN-Women, 2017).

[39] Peter Lloyd-Sherlock, "Unpaid family care for older people ...".

[40] Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[41] See Alzheimer's Disease International, Helping Carers to Care Intervention.

[42] Peter Lloyd-Sherlock, "Long-term care for older people ...".

lifetimes.[43] Moreover, businesses lose up to an estimated $33.6 billion each year in productivity lost from caregivers who work full time, reflecting factors such as absences and reduced hours.

37. Support to family caregivers is needed in order to improve care outcomes for older persons and enhance the well-being of care providers. Existing support programmes, which tend to be small in scale, have few resources and focus on women, must be invested in and expanded to be accessible to all, including men. The absence or inadequacy of support for family carers may in fact be more costly in the long term than the provision of such support when needed, taking into account the loss of the capacity older persons and the hospitalizations that could result from poor or inadequate care.

38. Interventions by Governments should aim to recognize, reduce and redistribute unpaid care and among other benefits they should include cash allowances to family caregivers to help offset lost wages; infrastructure developments that generate time savings and lower labour intensity; the provision of respite care, which is often the greatest need experienced by caregivers; the provision of training courses and information materials to increase the capacity of carers; the promotion of paid family leave for men and women by employers; the establishment and expansion of formal, integrated long-term care systems that provide a continuum of care at home and in day centres and residential institutions; and long-term care insurance programmes to enhance the accessibility and affordability of formal care services. Ideally, support for care should be comprehensive and should provide a range of services and support. The provision of in-kind care services to older persons, for example, may be preferred to cash services in order to reduce the risk of their financial exploitation. In the Republic of Korea, the long-term care insurance scheme has reduced the time burden of unpaid caregivers by improving access to home-based care services and has lowered out-of-pocket payments.[44]

V. Care and migrant work

39. Delivering high-quality care for older persons increasingly relies on ensuring decent working conditions for migrant care workers, many of whom work in domestic settings. Domestic workers, largely women, make up a significant part of the global informal workforce. They work in homes undertaking such tasks as cleaning, cooking and caring for members of the family, including older persons. Domestic workers are engaged on a full-time or part-time basis, may be employed by a single or by multiple households and may reside within the employer's home or live in their own residence. The ILO estimates that there are 67.1 million domestic workers in the world. When domestic workers move across borders to work in a country of which they are not nationals, they are referred to as migrant domestic workers. Almost one in every six domestic workers in the world is an international migrant. In 2015, the 11.5 million migrant domestic workers represented 17.2 per cent of all domestic workers and 7.7 per cent of migrant workers.[45] Domestic work is a female-dominated occupation, with women making up 73.4 per cent of the migrant domestic workers worldwide.[46]

40. The number of migrant domestic workers is increasing steadily in several high-income and middle-income countries owing to the growing demand for long-term

[43] Lynn Feinberg and Rita Choula, "Understanding the impact of family caregiving on work", AARP Public Policy Institute Fact Sheet 271 (October 2012).

[44] Razavi, loc. cit.

[45] ILO, "Who are the domestic workers?"

[46] UN-Women, "Migrant domestic workers: facts everyone should know", infographic, 9 September 2016.

care workers. The growth in care migration is driven by both demand and supply factors. Poverty, inadequate education and a scarcity of livelihood opportunities in sending countries often drive migrants into domestic work in more developed countries in search of a better life for themselves and for their families.[1] Several factors in destination countries are also increasing the demand for care work for older persons, including ageing populations, rising wealth and living standards, increasing female labour participation and the declining prevalence of multigenerational households that facilitate home-based care by family members. These trends, together with underfunded formal care systems, which are shifting the emphasis from institutionalized care towards home-based care, as well as shortages in institutional nursing and care employment, are all contributing to the fact that care needs in several high-income and middle-income countries are increasingly being met through migrant domestic workers.[47] These workers provide much-needed services to destination countries and play a crucial role in filling care deficits.

41. This phenomenon has led to the development of a global care work chain, which has economic and social impacts on both countries of origin and countries of destination. Various migration patterns of care work have emerged, based on different care models and sources of funding. For example, western European countries that experience rising numbers of older persons and shortages in care employment have developed domestic policies and undertaken measures to increase the recruitment of care workers from a number of central and eastern European countries[48] that joined the European Union in 2004. Such labour mobility is supported by workers' freedom of movement, bilateral partnerships within the European Union and the mutual recognition of formal care qualifications. The availability of cash benefits for older persons has generated employment of low-salaried informal care workers, which resulted in the emergence of a crucial, semi-regulated but politically and socially accepted segment of the care economy. Some Member States, such as Austria, Italy and Spain, have made efforts to regulate migrant domestic employment by recognizing it in domestic law and introducing minimum standards, such as regulating working time, living conditions and access to social security.[49]

42. The outsourcing of care to paid caregivers has also become an increasingly common practice in East Asia[50] since most families are no longer able to fully provide care for older persons on their own because of socioeconomic changes in recent decades. Consequently, countries or areas have adopted diverse approaches to care, which in turn have influenced national and regional policies and have directly influenced the use of migrant domestic care workers and patterns of migration. Long-term care insurance in Japan and the Republic of Korea, for example, has shaped public preferences for accessing the formal care system, with preference to receive care from family members first and then from domestic workers. The adoption of regulations and agreements have formalized care work and limited the expansion of private markets by requiring that migrant domestic workers pass a license examination to receive temporary residency and instituting salaries and benefits similar to those of national care workers. In contrast, Singapore, Hong Kong Special

[47] ILO, "Migrant domestic workers", Labour Migration Highlights No. 3 (Geneva, ILO, 2015).

[48] Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

[49] Agnieszka Sowa-Kofta, Central and Eastern European countries in the migrant care chain, background paper, United Nations expert group meeting on the theme "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[50] Defined by one researcher as the region that contains China (including Taiwan Province of China and the Chinese Special Administration Regions of Hong Kong and Macau), Japan, Mongolia, the Republic of Korea and the Democratic People's Republic of Korea; see Ito Peng, "Elderly care work and migration: East and Southeast Asian contexts", background paper, United Nations expert group meeting on the theme "Links to decent work, migration and gender", New York, 5–7 December 2017.

Administrative Region of China and Taiwan Province of China have created special immigration channels for foreign domestic workers and caregivers, with strong preferences for the use of live-in migrant domestic care workers and a private market solution for elder care.[51]

43. Current policies fall short of addressing the differential impacts of care work on caregivers who are migrants. Despite their contributions, migrant domestic care workers are situated at the low end of the care economy, often exposed to work with low wages and no access to social protection or the local labour protections extended to other workers. For example, some countries have in place sponsorship systems governing domestic care work that limit the freedom to change employers even in situations of abuse or non-payment.[52] In other cases, while migrant domestic care workers are provided with standard legally binding contracts that set out their rights and obligations, such contracts do not always address issues related to the right to free movement, the right to adequate housing and living conditions, access to health care, the right to a full day of rest, the right to hold onto travel and identity documents or access to justice and effective redress mechanisms.[1] Working in private households, migrant domestic workers are also disproportionately vulnerable to sexual and gender-based violence because of their migrant status. The lack of oversight and inability to inspect the working conditions of migrant domestic caregivers in private settings contributes to human rights violations. Evidence from the European Union shows that migrant care workers experience different working conditions based upon national caregiving frameworks and regulations. For example, in instances where long-term care is only offered through the provision of services, migrant care workers are covered by national social protection laws and employment regulations. In other cases, owing to the availability of cash benefits for care recipients, a semi-formal care sector has emerged that involves cross-border contracts and little or no regulation or labour protection for cheaper services.[53] According to ILO data, domestic workers remain one of the most vulnerable groups of workers under national labour legislations and often suffer from inadequate monitoring of the implementation of laws when they do exist.[54]

44. There is a need for policymakers to discuss the responsibilities of both host and sending countries regarding the well-being of migrant caregivers as they age, including the provision of, and access to, adequate social protection and health-care services. Without intervention, the demand for migrant care workers is likely to see the further erosion of migrant rights since informality leads to cheap labour at lower wages than those mandated by local laws. There is also a need for policymakers to reconcile the rights of caregivers and older persons in receipt of care to ensure that the human rights of both groups are equally protected and upheld.

VI. Updates on advancing ageing issues and the implementation of the 2030 Agenda within the United Nations system

45. The informal network on ageing of interested entities of the United Nations system has continued its cooperation and information-sharing. The expert group meeting on the theme "Care and older persons: links to decent work, migration and

[51] Ibid.

[52] ILO, Employer-Migrant Worker Relationships in the Middle East: Exploring scope for internal labour market mobility and fair migration (Beirut, 2017).

[53] Alejandro Rada, "Migration of health-care workers from the new EU Member States to Germany: major trends, drivers and future perspective", Observatory for Sociopolitical Developments in Europe Working Paper No. 14 (Frankfurt, October 2016).

[54] ILO, "Making decent work a reality for migrant domestic workers", Domestic Work Policy Brief, No. 9 (Geneva, ILO, 2015).

gender" benefited from the presentations and participation of subject experts from the United Nations Development Programme, UN-Women and WHO.

46. At its forty-ninth session, in 2018, the Statistical Commission agreed to establish a Titchfield Group on ageing-related statistics and age-disaggregated data to examine the issue of age-disaggregated data with a five-year time line.[55] The overall objective of the Titchfield Group is to develop standardized tools and methods for producing ageing-related statistics and age-disaggregated data and to encourage countries to do so by playing a leading role in the development and communication of new standards and methodologies.

47. UN-Women launched a policy brief entitled "Long-term care for older people: a new global gender priority" and included, in the publication *Turning Promises into Action: Gender equality in the 2030 Agenda for Sustainable Development*, a chapter entitled "Recognizing, reducing and redistributing unpaid care and domestic work", which also specifically addressed long-term care solutions for older persons. Since the priority theme of the sixty-third session of the Commission on the Status of Women, to be held in 2019, will be "Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls", the report of the Secretary-General on that theme will also cover pensions and long-term care.

48. WHO is implementing the Global strategy and action plan on ageing and health, adopted by the World Health Assembly in 2017. It has also been requested to develop a proposal for a Decade of Healthy Ageing 2020–2030 involving intersectoral collaboration, in alignment with Agenda 2030, for consideration by Member States during 2019. This will provide opportunities for the United Nations system to work together on concrete initiatives.

49. The Economic Commission for Europe issued a policy brief on the theme "Realizing the potential of living longer", which discusses the potential benefits for societies of a healthy lifestyle, the silver economy, extended working lives, volunteering and informal care.

VII. Conclusions and recommendations

51. **The demand for long-term care, both paid and unpaid, will clearly only grow as the number of older persons increases. However, the institutional framework for care, which is generally characterized by the interdependence of the market, the State, the non-profit sector and the family, needs to be balanced by policies that better address this increasing demand through a range of interventions, including greater investment, regulation and supportive services. Moreover, any financial or other retrenchment in care services tends to either increase the unpaid labour of women or lead to unmet needs.**[56]

52. **Clearly, a holistic approach is required that recognizes the growing need for affordable and high-quality long-term care, which must be met by comprehensive policies that support the voluntary unpaid care of mostly female family members, as well as policies that ensure that paid care work is decent work for both national and migrant workers. This will contribute to higher standards of care, enable unpaid family carers to fully participate in the labour**

[55] E/2018/24-E/CN.3/2018/37, chap. I.B, decision 49/118.

[56] UN-Women, Turning Promises Into Action: Gender Equality in the 2030 Agenda for Sustainable Development (New York, 2018)

market and attract more workers into the care field, thus boosting the growth of the care economy.

53. **Member States may wish to:**

(a) Ensure the right to long-term care and develop and implement long-term care strategies that address unpaid care, in keeping with the WHO Global strategy and action plan on ageing and health;

(b) Recognize and support both paid and unpaid long-term care work for older persons as legitimate work with specific provisions in laws, policies and strategies, in line with Sustainable Development Goals target 5.4;

(c) Improve the development and adoption of, and adherence to, accreditation and qualification standards and the certification of paid care work;

(d) Recognize and protect the rights of all care workers, including migrant care workers, in line with Sustainable Development Goals target 8.8;

(e) Ensure that the care economy is in line with ILO criteria for decent work, including with regards to terms and conditions of care work, wages, protections and benefits;

(f) Reduce the burden and negative consequences of unpaid care work, which disproportionately affect women, by tackling the gender and age stereotypes of care work, promoting the sharing of care responsibilities and expanding access to respite care, supportive public services and social protection;

(g) Promote long-term care as a positive social and economic investment and a source of employment expansion by positioning it through the lens of the care economy and as a contribution to sustainable development;

(h) Explore how regional intergovernmental bodies can develop concepts and standards for care work, in particular for migrant workers.

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Social development

Implementation of the outcome of the World Summit for Social Development and of the twenty-fourth special session of the General Assembly

Report of the Secretary-General

Summary

The present report is submitted in accordance with General Assembly resolution 72/141. In the report, the Secretary-General underscores the need to address inequality in order to eradicate poverty and achieve the goals of the World Summit for Social Development and the 2030 Agenda for Sustainable Development, focusing on trends in inequality within and among countries. He proposes policies and strategies to combat inequality and eradicate poverty aimed at achieving sustainable development for all and highlights the deliberations of the fifty-sixth session of the Commission for Social Development. The report concludes with a set of recommendations for consideration by the General Assembly.

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I. Introduction

1. The General Assembly, in its resolution 72/141, requested the Secretary-General to submit a report on the implementation of the outcome of the World Summit for Social Development and of the twenty-fourth special session of the General Assembly, with a special focus on trends in inequality within and among countries. It reaffirmed that the Commission for Social Development served as the main United Nations forum for intensified global dialogue on social development issues. It also reaffirmed that the Commission would contribute to the follow-up to the 2030 Agenda for Sustainable Development, within its existing mandate, by supporting the thematic reviews of the high-level political forum on sustainable development on progress in the implementation of the Sustainable Development Goals, including cross-cutting issues, which should reflect the integrated nature of the Goals as well as the interlinkages between them.

2. In the present report,[1] the Secretary-General provides an overview of trends in inequality among and within countries and examines policies, strategies and innovative approaches to address inequality to implement the objectives of the World Summit for Social Development and the 2030 Agenda for Sustainable Development. He addresses the particular needs of Africa and the least developed countries and highlights the situation and specific needs of young people, older persons, persons with disabilities, families and indigenous peoples. He concludes the report with recommendations for consideration by the General Assembly.

II. Trends in income, wealth and non-income inequalities

A. Global inequality trends

3. Global income inequality has been declining since 1990, driven by a convergence in average incomes across countries and rising incomes, in particular, in China and India. Between 2010 and 2016, the income of the bottom 40 per cent of the population grew faster than that of the entire population in 60 of 94 countries for which data are available (see E/2018/64, para. 91).

4. Despite these positive trends, major concerns remain. Global inequality continues at very high levels. Although the global Gini coefficient declined from 68.7 in 2003 to 64.9 in 2013,[2] it is still higher than that of any one country,[3] implying a highly unequal distribution of global income among the world's citizens despite rising incomes in many developing countries. Further, while gross domestic product (GDP) per capita increased in almost all countries between 1990 and 2016, the gap between the lowest- and highest-income countries also widened, owing to significant increases at the higher end. While some countries with the lowest incomes, such as Ethiopia and Mozambique, more than quadrupled their GDP per capita during the same period, others such as Burundi and the Central African Republic saw little increase, indicating the divergence in trends. The average income of the bottom half of the global

[1] Inputs were received from the following United Nations entities: Food and Agriculture Organization of the United Nations; United Nations Children's Fund (UNICEF); United Nations Research Institute for Social Development; United Nations Human Settlements Programme (UN-Habitat); International Telecommunications Union; Economic and Social Commission for Asia and the Pacific; Office of the Special Adviser on Africa; Department of Economic and Social Affairs; and World Bank Group.

[2] Max Roser, "Global income inequality", Our World in Data, October 2016. Available at http://ourworldindata.org/global-economic-inequality.

[3] See https://data.worldbank.org/indicator/SI.POV.GINI?locations=CO.

population has grown significantly (from $1,090 per year in 2003 to $2,010 in 2013),[4] thanks to high growth in Asia. Nevertheless, the share of global income of that group has been stagnating since 1985, while that of the top 1 per cent of earners has increased, peaking at about 22 per cent before the 2007–2008 global financial and economic crisis. In 2016, 20 per cent of global income was received by the top 1 per cent, compared with 10 per cent for the bottom 50 per cent.[5]

5. Similarly, global wealth inequality has been rising, particularly after the global financial crisis. In 2017, the richest 1 per cent of the global population owned 82 per cent of the wealth generated, while the poorest half (3.7 billion people) saw no increase in their wealth.[6] While global wealth has significantly increased, growing inequality has pushed down mean wealth per adult everywhere except China. Since 1980, significant wealth has been transferred from public to private ownership in nearly all countries, weakening the capacity of national Governments to tackle inequality.[7]

6. With regard to non-income inequalities, significant progress has been made but disparities persist in levels of access to education, health services, safe water, sanitation and nutrition, on the basis of gender, urban-rural location and other factors. Globally, about 617 million (58 per cent) children and adolescents of primary and lower-secondary school age are not achieving minimum proficiency levels in reading and mathematics; further, about two thirds of them attend school but will not achieve minimum proficiency levels in reading by the time they complete primary school. These children are predominantly from low-income families and live in rural areas. Based on data from 62 countries for the period 2001–2015, only 12 countries show parity between urban and rural children (see E/2018/64).

7. While official development assistance for basic health has increased by 41 per cent since 2010, reaching $9.4 billion in 2016, close to 45 per cent of all countries and 90 per cent of least developed countries have fewer than 1 physician per 1,000 people, and over 60 per cent have fewer than 3 nurses or midwives per 1,000 people. Among the 151 million (22 per cent) children under 5 years of age worldwide affected by stunting in 2017, 53.8 million lived in sub-Saharan Africa, 58.7 million in Southern Asia and 5.1 million in Latin America and Caribbean.[8] While 51 million children under 5 years of age suffered from wasting — low weight for one's height — 38 million were affected by obesity in 2017. Among the 870,000 deaths strongly associated with unsafe drinking water, unsafe sanitation and lack of hygiene in 2016, 329,000 occurred in children under 5 years of age, mostly in sub-Saharan Africa and South-East Asia.[9] It is estimated that, in 2015, 42 per cent of water services were considered unsafe (that is, surface water, unimproved or limited) in sub-Saharan Africa, compared with only 1 per cent in Northern America and Europe. Only 50 per cent of Central and South Asia and 28 per cent of sub-Saharan Africa had 75 per cent coverage of basic sanitation services in 2015, compared with 85 per cent in Latin America and the Caribbean.[10]

8. Persistent inequalities remain between women and men in access to the labour market, levels of unemployment and conditions at work, despite notable progress over

[4] See http://ourworldindata.org/global-economic-inequality.

[5] Facundo Alvaredo and others, eds., *The World Inequality Report 2018* (Cambridge, Massachusetts, Harvard University Press, 2018).

[6] Oxfam International, *Reward Work, Not Wealth* (Oxford, January 2018).

[7] Alvaredo, *World Inequality Report 2018*.

[8] World Health Organization (WHO), UNICEF and the World Bank Group, *Levels and trends in child malnutrition: key findings of the 2018 Edition of the Joint Child Malnutrition Estimates* (Geneva, 2018).

[9] E/2018/64.

[10] WHO and UNICEF, *Progress on Drinking Water, Sanitation and Hygiene, 2017* (Geneva, 2017).

the past 20 years. The global women's labour force participation rate (48.5 per cent in 2018) is 26.5 percentage points lower than that of men, and the global unemployment rate for women (6 per cent in 2018) is approximately 0.8 percentage points higher than that for men. Women are also more likely to face inferior quality of jobs and lower salaries.[11]

9. There are substantial digital divides between countries and regions, and between developed and developing countries, particularly Africa and least developed countries. There are twice as many mobile broadband subscriptions per 100 inhabitants in developed countries as in developing countries, while the gap between more-connected developing countries and least developed countries has grown in recent years. Subscribers in developed countries also tend to benefit from higher bandwidth than those in developing countries. These divides are evident in levels of Internet usage as well as connectivity.[12]

B. Regional diversity in income inequality

10. Despite experiencing strong economic performance over the past two decades, Africa remains one of the most unequal regions globally, a situation which undermines efforts to reduce poverty and foster inclusive growth. On average, the income of the richest 20 per cent of the population in Africa is over 10 times that of its poorest 20 per cent. Among other developing countries, the ratio is below nine, on average. Between 2001 and 2011, average income inequality levels declined modestly in sub-Saharan Africa, according to results from 29 countries with adequate Gini data. These countries represent 81 per cent of the population of the subcontinent. However, there is substantial variation in inequality trends across subregions.[13]

11. The Asia-Pacific region has experienced tremendous socioeconomic transformation, facilitated by strong and sustained economic growth. While countries in the region appear to have been growing together over the past decades, inequality among countries has not necessarily improved in absolute terms.[14] On average, the region's income inequality increased as shown by its Gini coefficient, which rose from 33.5 in the period 1990–1994 to 38.4 in the period 2010–2014, based on data from 46 countries. This average increase results from a substantial rise in income inequality in many countries, including in several populous countries, accompanied by a decline in inequality in 60 per cent of the countries. It is estimated that approximately 153 million more people could have been lifted out of poverty had inequality not increased in the 10 most populous countries in the past decade. Persisting high inequalities in access to opportunities also exist in several countries of the region. South, South-West and South-East Asia show the highest level of inequality of opportunity, in particular in terms of ability to access to clean fuels, higher and secondary educational attainment and ownership of a bank account.[15]

12. In the Arab region, despite a recent rebound in economic growth, considerable disparities in GDP per capita exists between oil-rich Gulf Cooperation Council

[11] International Labour Organization, *World Employment Social Outlook: Trends for Women 2018* (Geneva, 2018).

[12] International Telecommunications Union (ITU), *Measuring the Information Society Report 2017, Volume 1* (Geneva, 2017).

[13] Ayodele Odusola and others (eds.), *Income Inequality Trends in sub-Saharan Africa: Divergence, Determinants and Consequences — Overview* (United Nations Development Programme (UNDP), 2017).

[14] Arun Frey, The case for convergence: assessing regional income distribution in Asia and the Pacific, Social Development Division Working Paper Series (forthcoming).

[15] *Inequality in Asia and the Pacific in the Era of the 2030 Agenda for Sustainable Development* (United Nations publication, Sales No. E.18.II.F.13).

countries and other Arab countries.[16] Health inequalities persist across and within countries of the region with women and the rural poor being most affected. While the region has made significant progress in net primary education enrolment rates (92 per cent in 2011), inequalities in education opportunities have increased in several countries as a result of conflicts, which have resulted in an unprecedented refugee and humanitarian crisis and have created a new generation of people living in poverty and exclusion, potentially further deepening inequalities.[17]

13. While the levels of inequality in Latin American countries are among the highest in the world, on average, income inequality has decreased since the early 2000s, in large part owing to faster than average growth in the income of persons in the lowest income quintiles. However, the pace of decline slowed between 2012 and 2016. According to the most recent household survey data, the income of the wealthiest quintile accounted for about 45 per cent of total household income, compared with 6 per cent for the poorest quintile. The income of the richest 10 per cent of the population is roughly equivalent to that of 60 per cent of the population. Moreover, the wealthiest 1 per cent of the population accounts for a larger share of total income in Latin America than in developed countries in other regions.[18]

14. In the developed world, income and wealth inequalities have grown rapidly in English-speaking countries of Northern America, Europe and Oceania but moderately in the rest of Europe and Japan. In Western Europe for instance, the share of the national income earned by the richest 1 per cent of the population increased only slightly during the same period, from 10 per cent to 12 per cent during that period, while the share earned by the poorest half decreased slightly from almost 24 per cent to 22 per cent.[19] Despite showing relative stability at the aggregate level, income inequality is growing between generations in Europe. The risk of relative poverty decreased notably for older persons but increased significantly for young people owing to high and prolonged youth unemployment. Income inequality is also markedly different across age cohorts: the ratio of the share of income of the richest to that of poorer groups is much lower among persons aged 65 years or older than in the working age population.[20]

C. Inequality within countries

15. Trends in economic inequality within countries present a mixed picture, with many countries experiencing a significant rise in income inequality in recent decades while others have seen declines. The increase in within-country income inequality is mainly accounted for by the rise in the income share of earners in the top percentile. In the developed world, income and wealth inequalities have grown rapidly in Australia, Canada, Ireland, the United Kingdom of Great Britain and Northern Ireland and the United States of America, but modestly in continental Europe and Japan. In the United States, for instance, the highest 1 per cent of income earners almost doubled their share of the nation's income between 1980 and 2016 (from 11 per cent to 20 per cent), while the poorest half saw their share of the national income almost halve (from 21 per cent to 13 per cent). The rise in wealth inequality has been even more extreme: the wealth share of the richest 1 per cent of the population rose to

[16] UNDP, "Perspectives on inequality challenges in the Arab Region", Regional Coordination Mechanism, Issues Brief for the Arab Sustainable Development Report (2015).

[17] Economic and Social Commission for Western Asia, "Inequality in the SDGs: fighting multidimensional inequality in the Arab region" (2016).

[18] *Social Panorama of Latin America 2017* (United Nations publication, Sales No. E.18.II.G.3).

[19] Alvaredo, *World Inequality Report 2018*.

[20] Tingyun Chen and others, "Inequality and poverty across generations in the European Union", International Monetary Fund (IMF) Staff Discussion Note, SDN/18/01 (2018).

39 per cent in 2014, from 22 per cent in 1980. Income inequality has surged in large emerging economies as well, as they have liberalized their economies and gone through profound deregulation.[21]

16. In sub-Saharan Africa, according to data from 29 countries, income inequality fell between 2001 and 2011 in 17 countries whose economies are predominantly agricultural and rose in 12 countries whose economies rely mainly on the oil and mining sector.[22]

17. In Asia and the Pacific, income inequality decreased between the 1990s and the 2010s in 60 per cent of countries with data, with the sharpest drop occurring in the Maldives, followed by Kyrgyzstan, Azerbaijan and Georgia. By contrast, income inequality increased in the rest of the countries, including in four of the five most populous countries: China, followed by Indonesia, Bangladesh and India. It is the sharp increase in inequality in these populous countries that has driven the overall increase in income inequality in the region.[23]

18. On the basis of household survey data, income inequality decreased significantly in many countries of Latin America between 2002 and 2008. The Gini coefficient of income inequality fell by more than 1 per cent per year in 14 countries. In the remaining countries, inequality stayed the same or increased only slightly in that period. From 2008 onward, however, the number of countries showing significant declines decreased to seven between 2008 and 2014, and to just five between 2014 and 2016. Despite the income inequality reductions, tax data show that wealth inequality has remained stubbornly high since the 1980s in four countries of Latin America. That said, however, developing countries generally lack sound administrative data on income tax, which limits analysis of patterns and trends in most countries.[24]

19. In addition to rising income inequality, inequalities based on age, gender, disability status, race and ethnicity, class, religion, and migrant and other status persist within countries. These inequalities manifest themselves in large disparities in levels of access to opportunities, such as jobs, education and health services, decision-making and assets, as well as in outcomes, including education and mortality levels, which are not improving fast enough.

20. Progress has been made in equalizing access to education by gender since 1980 but girls still lag behind in many countries, in particular in sub-Saharan Africa, the Middle East, and South and Central Asia. For instance, the female-to-male ratio of gross secondary-level enrolment rate is still below 1 (meaning fewer girls than boys are enrolled) in sub-Saharan African countries, even though it had increased from 0.5 in 1980–1984 to 0.8 in 2010–2014. By contrast, the gender gap in education has closed in Asia and the Pacific.[25]

21. There are also stark inequities in the situation of children within countries, with children from poorer households and rural areas and adolescent girls being at greater risk of being left behind. By 2030, for instance, three quarters of children living in the poorest households in their country are expected to miss the Sustainable Development Goal target for under-5 mortality rates, compared with only a quarter of children living in the richest of households. Inequality also manifests itself in the availability of data. A lack of disaggregated data prevents an assessment of vulnerable

[21] Alvaredo, *World Inequality Report 2018*.

[22] Odusola and others (eds.), *Income Inequality Trends in sub-Saharan Africa*.

[23] *Inequality in Asia and the Pacific in the Era of the 2030 Agenda for Sustainable Development*.

[24] *Social Panorama of Latin America 2017*.

[25] Janet G. Stotsky and others, "Trends in gender equality and women's advancement", IMF Working Paper, WP/16/21 (2016).

groups, including ethnic minorities, children with disabilities and migrant children. Some of the world's most vulnerable children, such as those living in institutions or on the streets, are very often not captured in household surveys.[26] Access to such data is essential for answering relevant questions and evaluating outcomes.

22. Within countries, important environmental and infrastructure inequalities also persist. People living in poverty overwhelmingly suffer from the effects of pollution, climate change and environmental degradation. The destruction of land and water ecosystems significantly affects communities that rely on these resources for their livelihoods. In most developing countries, inequality in basic water, sanitation and hygiene provision exists by income, urban/rural residence and subnational region. Coverage of safely managed drinking water and sanitation is greater in urban than rural areas in almost all countries. In half of countries with data, coverage of safely managed drinking water is greater by over 30 per cent in urban than rural areas. Other inequalities, reflecting gender, ethnicity, age, disability and other health conditions can also affect access to water and sanitation services.[27]

23. In emerging and low-income countries, the gap in levels of access to, and use of, digital technology and services — known as the digital divide — remains significantly wide across various socioeconomic segments of the population and between national territories. This is partly as a result of the lack of digital infrastructure, affordability and skills. In two thirds of countries worldwide, for instance, the proportion of men using the Internet is higher than women, and households in rural areas have limited or no access to the Internet.[28]

III. Policies and strategies to combat inequality and achieve the objectives of the World Summit for Social Development and the 2030 Agenda

A. Sustaining inclusive growth

24. Although there is no one-size-fits-all approach to combating inequality, there are general strategies that Governments and the international community can implement to prevent the rise of national and global inequality. Since the remaining poverty in the world is less responsive to economic growth, it is important to foster inclusive and sustainable growth, which helps people contribute to and benefit from economic growth with minimal impact on the environment. To boost economic growth and social equity simultaneously, many countries are addressing two priority areas: upskilling the workforce through education and skills development; and redistributing income or wealth through fiscal policies. Other countries are also fostering the integration of disadvantaged groups and addressing barriers to inclusion through investments in health, agriculture, infrastructure and technology.

25. Fiscal policies are the primary tools for redistributing income. Overall, fiscal policies reduce income inequality, but they may increase poverty in some countries if the increase in tax burden is greater than transfers received by low-income groups. They can also be very costly. Tax and expenditure policies therefore need to be designed carefully to reach both distributional and efficiency goals. In general, progressive taxes and higher shares of GDP on social spending (direct transfers, pensions and public spending on education, health and housing) have positive impacts

[26] UNICEF, *Progress for Every Child in the SDG Era* (New York, 2018).
[27] WHO and UNICEF, *Progress on Drinking Water, Sanitation and Hygiene: 2017*.
[28] ITU, *Measuring the Information Society*.

on income distribution, contributing to decreasing inequality.[29] Direct taxes and direct transfers, in particular, are the components that have a generally equalizing effect. Among middle-income countries, Brazil and South Africa have made significant progress towards establishing more equitable societies thanks to their large budgets for fiscal redistribution and the considerable share devoted to direct transfers — 4.2 per cent and 3.8 per cent respectively.[30]

26. Innovative approaches to tax collection, including greater use of taxes on tobacco, alcohol, property, energy and financial transactions, have allowed countries such as Brazil, Ecuador, the Philippines and South Africa to expand health coverage and social protection services and reduce inequality.[31]

27. The gender perspective should be systematically considered and integrated into inclusive growth policies to achieve the full potential of women. By doing so, and by enacting measures targeted at supporting girls' enrolment in school, for example, countries such as Rwanda have been able to address gender inequalities in an effective way. Rwanda is now among the countries that have made the greatest improvements in the Gender Equality Index, which is calculated globally on the basis of the levels of school enrolment, labour market participation and empowerment since 2000.[32]

28. Boosting economic growth and reducing inequality simultaneously require policies that create an enabling environment for business investment, entrepreneurship and donor support in order to expand employment, boost wages, widen assets ownership, ensure food security and strengthen fiscal administration.

B. Investing to promote equal access to services

29. In many countries, significant disparities persist in access to quality education and health care, safe water and sanitation, energy, information and communications technology (ICT) and financial services, based on income, sex, urban or rural residence, geographic location and other social determinants. These disparities are critical barriers to equal opportunity.

30. Education and training promote equity and social inclusion because they increase the productivity, quality, and innovation skills of the workforce. As a result, there is a rise in better-educated and better-skilled workers, who are more employable and can earn more while also having greater capacity to engage in society. Investments in education and skills development, especially the provision of more educational resources (including highly qualified teachers, advanced courses, strong science, technology, engineering and mathematics programmes and extracurricular opportunities) to low-quality rural and urban public schools contribute to decreasing educational and income inequalities both within and between countries. In the context of an increasingly globalized and knowledge-based economy, aligning people's education, knowledge and skills with the demands of the labour market as well as taking account of demographics, technological developments and global competition are also key.

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[29] Jorge Martinez-Vazquez, Blanca Moreno-Dodson and Violeta Vulovic, "The impact of tax and expenditure policies on income distribution: evidence from a large panel of countries", International Center for Public Policy Working Paper, 12–25 (2012).

[30] Nora Lustig, "Inequality and fiscal redistribution in middle-income countries: Brazil, Chile, Colombia, Indonesia, Mexico, Peru and South Africa", Commitment to Equity Working Paper 31 (2015).

[31] IMF, "Fiscal policy and income inequality", Policy Paper (2014).

[32] Oxfam, *Development Finance and Inequality: Good practice in Ecuador, Rwanda and Thailand* (Oxford, 2013).

31. Public policy interventions in the main social determinants of health, including education programmes, social protection, fiscal policies, urban development, and infrastructure programmes, are important in reducing health inequalities. Targeted conditional cash transfer programmes have for instance provided net health benefits in middle-income and some low-income countries. Preventive measures that ameliorate housing conditions, improve safe water supply and sanitation facilities and disseminate information about proper hygiene practices, particularly in disadvantaged, rural and remote areas, have also been shown to have an equalizing effect on health outcomes.[33] African countries, which continue to face the burden of communicable diseases as well as an increasing burden of non-communicable diseases, need, for example, to strengthen health care systems and improve equity in access to health services in order to achieve healthy lives for all.[34] By 2015, 27 African countries had increased total government expenditures on health.[35]

32. Food and nutrition security, an issue affecting people in both developed and developing countries, is driven mainly by inequality; that is, the inability to gain access nutritious food as a result of poverty, not because of its unavailability. The 2030 Agenda for Sustainable Development recognizes that the development of agriculture and agro-industry plays a critical role in the process of sustainable and inclusive economic growth, food security and reduction of poverty and hunger. In Africa, the Food and Agriculture Organization of the United Nations supports policies to develop agribusiness and agro-industry that are inclusive of smallholder farmers, women and youth. The 2017 special meeting of the Economic and Social Council on the theme of "Innovations in infrastructure development and promoting sustainable industrialization" in relation to Sustainable Development Goal 9, endorsed the African (Accelerated) Agribusiness and Agro-industries Development Initiative Plus as a vehicle not only to boost food production but to strengthen local capacities, enhance incomes and generate decent employment, particularly for rural youth and women.[36]

33. Reducing disparities in sustainable energy is key to reducing socioeconomic inequalities. Lower-income households typically spend a higher share of their income on energy than richer households. In addition, disadvantaged groups and communities, in particular women, children and poor and rural dwellers, have a higher risk of suffering from indoor air pollution because they use polluting stoves and fuels in their homes. Air pollution has a severe impact on health, which in turn affects productivity and long-term employment and therefore perpetuates poverty in these groups and exacerbates income inequality. These disadvantaged groups have the least access to the benefits of clean energy.

34. Public investments complemented by private sector financing are needed in order to achieve universal energy access in conjunction with renewable energy uptake. To avoid high financing costs from private sector interests, public-private partnership solutions should be considered to find and provide affordable energy solutions to all.

35. Information and communications technologies (ICTs) have the potential to help reduce inequality both within and between countries by enabling access to information, knowledge and services to disadvantaged segments of society, including

[33] WHO, *The Economics of Social Determinants of Health and Health Inequalities: A Resource Book* (Geneva, 2013).

[34] African Union Commission, Maputo Plan of Action 2016–2030 (2016).

[35] UNDP, *Africa Human Development Report 2016: Accelerating Gender Equality and Women's Empowerment in Africa* (2016).

[36] See www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/2017doc/2017_ecosoc_special_meeting_proposal-3ADI%2B.pdf.

persons with disabilities, women and girls, and rural dwellers; for example, ICTs enable persons with mobility challenges to work remotely. Mobile broadband phones permit mobile banking, which is a financial inclusion tool. Money transfer programmes such as Kenya's M-Pesa service enables users to have access to formal banking services, contributing to poverty eradication and reductions in inequality.

36. Countries should develop policies and provide economic incentives to promote market-creating innovations that produce affordable technologies. This will not only help overcome the digital divide but also create new employment opportunities and eventually improve living conditions. Countries may also wish to develop a friendly environment for digital services to prosper and for ICTs to be affordable for all. Countries should also develop policies to adapt their education systems to changing labour markets and encourage digital skills training for everyone at an affordable price. Local expertise could be harnessed in cases where the Government lacks public resources. Similarly, an enabling environment could be created for leveraging private sector investment that delivers public services and the appropriate conditions for competition and innovation.

C. Improving access to social protection, including floors

37. Well-designed and implemented social protection systems have proved to be effective at reducing poverty and inequality. They protect people living in poverty and vulnerable situations by enabling them to mitigate or cope with economic, social and environmental shocks and also serve to enhance human and productive capacity. In high-income countries, social protection systems, including provisions for essential health care and basic income security for children, persons of working age and older persons, reduced levels of poverty and inequality by approximately half.[37] In developing economies, social transfer programmes are expanding rapidly, given their immediate impacts on poverty and inequalities. They also protect those who are negatively affected by extreme climate events or progressive degradation of the environment.

38. In the past decade, many countries have established or strengthened national social protection systems. That said, however, a high prevalence of job informality poses a number of challenges in extending coverage, especially in developing countries. As a result, only 45 per cent of the global population is covered by at least one social protection benefit, while only 29 per cent are covered by the full range of social security benefits.[38] Significant disparities in coverage also exist across regions and between urban and rural areas. While 56 per cent of the global rural population lacks health coverage, the figure is only 22 per cent in urban areas. In Africa, despite various efforts, only 18 per cent of the population are covered compared with 84 per cent in Europe and Central Asia, 68 per cent in the Latin America and 39 per cent in Asia and the Pacific. More recently, some countries, including Botswana, Cabo Verde, Lesotho, Mauritius, Namibia, South Africa and the United Republic of Tanzania, have achieved universal coverage old-age pension coverage.[39]

Towards social protection for all throughout the life cycle

39. Historically, social protection systems in developing countries were expanded sequentially, starting from stand-alone schemes to address employment injury, then

[37] ILO, "Social protection floors in the post-2015 agenda: targets and indicators", Social Protection for All Policy Brief No. 1 (2014).

[38] ILO, *World Employment Social Outlook 2018: Greening with Jobs* (Geneva, 2018).

[39] ILO, *World Social Protection Report 2017–2019: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017).

old-age pensions, disability and survivors' benefits, followed by sickness, health and maternity coverage and, later, benefits for children and families and unemployment benefits. Countries have moved to progressively strengthen the links between different programmes. Many developing countries have also implemented social protection measures, including cash transfer programmes, as a part of strategies to reduce poverty and vulnerability and to promote social inclusion. In their efforts to implement the 2030 Agenda, many countries are attempting to strengthen or put in place more comprehensive social protection policies and systems within their national context, with a view to progressively achieving universal coverage.

40. There is a need to streamline existing social protection systems, including through integrating targeted, often temporary, social assistance schemes, as a part of or complementary to universal social protection. This can be done by combining contributory schemes and non-contributory tax-financed benefits, including social assistance.[40] Policies and measures should be brought forward to build universal social protection to protect people over their life cycle, from childhood through working age to old age. Such measures should ideally include family and child allowances, social health protection, unemployment benefits, old-age pensions and employment injury benefits.

41. To guarantee a minimum level of social security for all members of society throughout their lives, the United Nations system and international community support national Governments in designing and implementing nationally defined social protection floors.[41] The floors aim to cover those left behind, including workers living in poverty or engaged in precarious and vulnerable work.

Integrating social security and employment and development policies

42. Social protection has increasingly become an integral part of national strategies to reduce poverty and inequalities. Social protection policies need to be part of a broad framework of social policies, including investments in physical and social infrastructure, the promotion of universal coverage for essential health services and quality primary and secondary education, inclusive labour policies and legislation and the enforcement of basic rights. Comprehensive legislation is needed to extend social security coverage, raise decent wages, protect freedom of association and boost sustainable enterprises. New policies are required to foster decent jobs for youth in an era of rapid technical change, including promotion of youth entrepreneurship and the protection of rights at work. The combination of comprehensive social protection and employment policies can help all people to enjoy income security throughout their lives.

43. Some cash transfer programmes have evolved to include a component to enhance the productive capacity of beneficiaries, so that they can be self-sufficient. The World Bank Group's annual lending in its social protection and jobs portfolio[42] reached $14.67 billion, with $10.2 billion lending in International Development Association countries, targeting the world's poorest (as of April 2018). These resources support safety net programmes, including cash transfers, public works, and school feeding programmes.

44. To address urban-rural disparities, it is critical that access to social protection be improved in rural areas, as it can greatly contribute to the implementation of programmes concerning, for example, food security, nutrition, agriculture, poverty

[40] Ibid.

[41] ILO, "Social Protection Floors Recommendation, 2012 (No. 202)" provides guidance for national Governments on establishing national floors of social protection for all in need.

[42] World Bank, *Resilience, Equity and Opportunity: the World Bank's social protection and labor strategy 2012–2022* (2012).

eradication, rural development and resilience-building. Enhancing the productive capacity of small-scale women and men farmers, fisher folk and forest-dependent communities is an essential strategy for achieving the overall objectives of poverty reduction, rural transformation and inclusive growth. The Food and Agriculture Organization of the United Nations plays a key role in creating an enabling economic environment and in addressing the barriers that prevent access to adequate social protection to those living in rural areas. To integrate its fragmented social safety net programmes, China established an urban social assistance or minimum living guarantee system (known as *dibao*) in 1999, followed by rural *dibao* in 2007. China plans to further improve its social protection system by reducing urban-rural disparities and making it more inclusive.

D. Addressing the pay gap and vulnerable employment to promote decent work for all

45. One of the main drivers of widening inequality is the widening pay gap among workers, in particular between the top 1 per cent and the rest, and the decline in the share of wages in national income.[43] Labour shares reached their lowest level in 50 years in 2008 in advanced economies, and have also declined in emerging developing economies since the early 1990s. The decline in advanced economies has been driven by long-term losses in middle-skill jobs as a result of automation and offshoring, which has caused a displacement of middle-skilled workers and a shift to lower-wage jobs.[44] The falling labour income of the middle-skilled workers, together with the increase in vulnerable (low-wage, non-standard and hazardous) employment, has increased income inequality across regions. Furthermore, productivity gains have largely gone to capital whose ownership tends to concentrate at the top of the income distribution.

46. The causes of the decline are currently debated. About half of the decline in labour shares can be attributed to the impact of technology in advanced economies. In emerging economies, meanwhile, the main driver is financial integration, followed by employment and labour-market policies, particularly the decline in corporate income tax rates and weakening of collective bargaining power of labour, and changes in market regulations that have resulted in an increase in non-standard work.[45] Another study[46] found that changes in bargaining power explain more than half of the decline in the labour share for the 14 Organization for Economic Cooperation and Development countries.

47. The International Labour Organization-European Commission conference held in May 2018 on the theme "Industrial relations in Europe: fostering equality at work and cross-country convergence?" also came to similar conclusions: countries with more resilient industrial relations experienced lower inequality and better labour and social indicators, while countries with weakened industrial relations saw increased income inequality and declined social indicators. The finding confirms that stronger

[43] Mai Chi Dao and others, "Drivers of declining labor share of income", IMF Blog, 12 April 2017.

[44] IMF, *World Economic Outlook April 2018: Cycle Upswing, Structural Change* (Washington, D.C., 2018).

[45] IMF, *World Economic Outlook October 2017: Seeking Sustainable Growth, Short-term Recovery, Long-term Challenges* (Washington, D.C., 2017). See also United Nations, Department of Economic and Social Affairs, "World Economic Situation and Prospects", Monthly Briefing, No. 113, 3 April 2018, available at https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/wesp_mb113.pdf.

[46] Özlem Onaran and Alexander Guschanski, "What drives the four decades-long decline in labour's share of income?", Greenwich Political Economy Research Centre, University of Greenwich Policy Brief No. PB22-2018 (2018).

industrial relations — that is, the relationship that exists within a productive sphere between employers and their employees and the union that represents them — are not conducive to lower labour market dynamics and socioeconomic outcomes. The key mechanisms identified to facilitate the achievement of better working and living conditions, without sacrificing labour market efficiency, included social dialogue, the development of national industrial relations institutions and collective agreements.

48. Labour market policies and institutions need to be strengthened, taking into consideration the specific circumstances facing each country, including the level of development, the extent of decline in labour shares and its major drivers, and existing social protection measures. Policymakers, for example, can develop comprehensive strategies to help workers better cope with disruptions through enhancing skills and investing in education and lifelong learning; facilitating the reallocation of displaced workers to new jobs, strengthening the bargaining power of labour; and strengthening policies to achieve inclusive growth.

49. The growing levels of vulnerable employment must also be addressed. Low-wage, non-standard and hazardous employment is a major driver of widening inequality within countries in many regions. Vulnerable employment remains pervasive in developing countries, but is also on the rise in developed countries. Globally, almost 1.4 billion workers were in vulnerable employment in 2017. In developing countries, vulnerable employment affects three in four workers, and workers living in extreme poverty are expected to continue to represent 40 per cent of all employed people in 2018.[47]

50. More than three quarters of working youth are in informal jobs that lack social protection. As a result, 160 million working youth worldwide live in poverty.[48] The high level of global youth unemployment and underemployment (13 per cent in 2017) has led to high concentrations of young workers in informal, insecure, short-term, and hazardous employment. The share of youth in the labour force also declined in all regions between 2005 and 2015, but most significantly in Asia and the Pacific.[49] These factors lead to widening inequality over their life course.[50] Unemployment insurance can, at a relatively modest cost in middle-income countries, play a substantial role in securing income during their search for new jobs, thus preventing their impoverishment. Preventive measures nevertheless need to be enhanced, including strengthening legislation, regulation, policies and guidelines on job safety; extending legal protection to cover workers in the informal sector; and improving data and analysis in this area.

51. It is projected that service sector jobs will be the main driver of future employment growth, with agricultural and manufacturing employment continuing to decline.[51] Since vulnerable and informal employment are prevalent in both agriculture and market services, the projected employment shifts across sectors may have only limited potential to reduce decent work deficits. Hence, it is important that they are accompanied by strong policy efforts to boost job quality and productivity in the service sector.

52. Governments should invest in productive capacities, promote decent job creation and entrepreneurship and encourage the formalization and growth of small- and medium-sized enterprises, including through access to financial services and physical, social and ICT infrastructures. They must also ensure equal opportunities

[47] ILO, *World Employment Social Outlook 2018*.

[48] ILO, *Global Employment Trends for Youth 2017: Paths to a Better Working Future* (Geneva, 2017).

[49] *Inequality in Asia and the Pacific in the Era of the 2030 Agenda for Sustainable Development*.

[50] ILO, "Safety and health at work: why are youth at risk?" ILO Infostories, April 2018.

[51] ILO, *World Employment Social Outlook 2018*.

and equal access to quality education and health care, skills and vocational training, and continued learning. In anticipation of the increased impact of technological advances in the future, policies should be developed to promote skill deepening so that workers are prepared for a rapidly changing labour market. Such policies should include tapping into high productivity sectors, progressively transitioning from informal to formal work, linking real wage growth to productivity growth, and expanding access to social protection, including increasing access to child care and the long-term care of older persons.

IV. Issues before the Commission for Social Development at its fifty-sixth session

53. The Economic and Social Council, in its resolution 2016/6, decided that the priority theme for the 2017–2018 review and policy cycle of the Commission for Social Development would be "Strategies for eradicating poverty to achieve sustainable development for all". The work of the Commission at its fifty-sixth session, on the priority theme as well as on innovation and interconnectivity for promoting resilient societies is highlighted below.

A. Priority theme
Strategies for eradicating poverty to achieve sustainable development for all

Progress in poverty eradication

54. Globally, a significant achievement has been made in reducing poverty, with 1.1 billion people being lifted out of extreme poverty between 1990 and 2013. Progress, however, has been uneven across regions and was slowest in sub-Saharan Africa, where extreme poverty decreased by only 13 per cent between 1990 and 2013, leaving 390.2 million people still living on less than $1.90 a day in 2013. Extreme poverty also remains stubbornly high in the least developed countries, where over half of the total population of those countries (around 400 million people) still lived in extreme poverty in 2013 (see E/CN.5/2018/3).

55. During the same period, the extreme poverty rate was cut by at least two thirds — from 45 per cent to 14.7 per cent — in South Asia. Poverty was reduced at a much faster pace in East Asia and the Pacific, from 60 per cent to 3.7 per cent between 1990 and 2013. Progress in China was a key driver of the progress. Two other regions also successfully reduced poverty to less than 5 per cent: Latin America and the Caribbean (4.9 per cent) and the Middle East and North Africa (2.3 per cent).

56. In developed countries, relative poverty has risen. In the European Union, the relative poverty rate increased to 17.2 per cent in 2014 after a long period of stability at 16.5 per cent up to 2008. In high-income countries, children and women are most affected by poverty, with an average of 20 per cent of children under 18 years of age living in relative poverty.

Strategies for eradicating poverty

57. At its fifty-sixth session, the Commission for Social Development noted that economic growth had been a major driver of poverty reduction. The Commission nevertheless expressed concern that growth alone was not sufficient to eradicate poverty unless it was inclusive. Action to ensure rapid progress in meeting that goal for all people should be undertaken in the least developed countries and across Africa. Rising pockets of poverty in some middle-income and developed countries also

needed to be addressed. Eradicating poverty by 2030 would therefore require inclusive structural transformation, strong growth with employment creation and reductions in inequality. In countries and regions where poverty had been successfully cut, economic growth had been accompanied by a dramatic increase in the share of manufacturing employment and an increase in the share of manufacturing value added in the economy.

58. The Commission also noted that eradicating poverty and achieving the Sustainable Development Goals required the creation of full employment and decent work for all. Countries were urged to ensure active labour market policies, in order to provide decent work for people living in poverty and a fair share for workers of gains made from increased productivity as a result of structural transformation and trade, and to accelerate efforts aimed at eliminating barriers to social inclusion and at promoting full participation in all aspects of society by people living in poverty and in vulnerable situations.

59. Countries should prioritize investments in human capital, balanced rural development and infrastructure to reflect the needs in poor and disadvantaged areas. Such investments should include scaling up the delivery of high-quality education and health services, clean drinking water and sanitation, and affordable energy, as well as building resilience to climate change. Sustained poverty eradication required the current generation of children and youth to acquire the necessary education and skills to prevent them from falling into poverty in the future. That entailed access to universal primary and secondary education for all, in particular for disadvantaged and vulnerable children and youth.

60. To reduce poverty and combat inequality, countries should seek to progressively expand universal social protection and universal health coverage. Governments must also implement policies to eliminate the impediments to financial inclusion, in particular for women, youth and other disadvantaged groups. Implementing innovative and inclusive financial solutions required proactive leadership, coordination and sustained effort from Governments, the private sector, development partners and consumers.

61. The Commission emphasized that sufficient domestic resources should be raised and spent effectively to promote inclusive and sustainable growth. Tax policy and administration, governance and high levels of informal work should also be addressed by countries. In that regard, developing countries had stepped up efforts to mobilize domestic resources; domestic revenue had been on the rise in many African countries in recent years, with tax revenues continuing to be the most important source of domestic financing. Official development assistance, foreign direct investment, remittances, debt relief, aid for trade, funds from philanthropic organizations and the combating of illicit financial flows were also critical to achieving the 2030 Agenda.

62. The Commission also stressed that, in order to eradicate poverty and achieve sustainable development for all, the commitment to leave no one behind should be the guiding principle for all levels of government. That required addressing the specific needs of people in vulnerable situations, empowering them and engaging them in decisions that affected their lives.

B. Emerging issue
Towards sustainable and resilient societies: innovation and interconnectivity for social development

63. The Commission discussed the emerging issue of innovation and interconnectivity for social development. It noted that building a sustainable and resilient society

required equipping people, families and communities with the ability to anticipate risks, reduce their adverse effects, recover and bounce back from difficulties and crises and continue to function and grow. It also noted that as societies underwent profound and lasting changes, all members of society needed to be aware of the opportunities and challenges brought about by new technology and interconnectivity. National capacity should be strengthened to maximize the benefits, reduce the risks and protect those who were negatively affected by prioritizing them in national and regional social policies, in line with the 2030 Agenda. In addition, regional and global strategies and the coordination between them needed to be strengthened.

64. The Commission discussed the fact that natural and man-made disasters disproportionately affected vulnerable sections of society whose livelihoods depended mainly on natural resources in rural and peri-urban areas. Realizing an enabling environment for socioeconomic inclusion, risk-informed interventions and empowerment of the most vulnerable, including small-scale farmers, pastoralists, fishers and forest-dependent communities, was central to poverty eradication and achieving resilient and sustainable development. A proactive risk management approach, rather than a reactive response to disaster or crises, represented the innovative paradigm shift whereby small-scale family producers were enabled to better anticipate, prevent and reduce risks and to withstand shocks or recover from them and adapt.

Interconnectivity

65. The Commission addressed the issue of technologies enabling the expansion of interconnectivity between regions, cities, villages and people. There had been sustained growth in the availability of communications in the past decade, led by the growth in mobile cellular telephony and, more recently, in mobile broadband. Advanced ICTs, including the Internet of things, big data analytics, cloud computing and artificial intelligence, had changed how societies operated, especially in areas such as manufacturing, precision agriculture, government, education, health care, smart cities and smart transportation. The Internet of things connected not only people, organizations and information resources, but also objects equipped with digital information sensing, processing, and communication capabilities. Big data analytics would extract useful knowledge from digital information flows and enable people to better understand, predict and improve management and policy decisions. Cloud and other architectures, which enabled the delivery of flexible and on-demand computing services over the Internet, lowered the fixed costs of ICT infrastructure, benefiting small- and medium-sized organizations. Artificial intelligence would help humans to make better decisions, combining information from a variety of different sources. For artificial intelligence algorithms to result in better analyses and decision-making, the objectives pursued and the existing data to be used needed to be carefully tailored so that human capabilities could be augmented to achieve the desired outcomes.[52]

66. Digital interconnectivity provided people with not only access to the Internet and information but also the ability to collaborate without space limitations. With the installation of transportation, energy and ICT systems, rural communities would benefit from access to markets, credit and decent jobs. Digital connectivity, such as e-commerce, would boost local economies, create new jobs and reduce poverty and urban-rural inequalities. To ensure that the benefits of technologies reached everyone and that technologies worked better in local contexts, policies needed to be formulated to enable inclusive digitalization, in close collaboration with all

[52] Daniel M. West and John R. Allen, "How artificial intelligence is transforming the world", Brookings, 24 April 2018.

stakeholders, including local governments. ICT training should be provided to all, starting with school-age children, so that all citizens, including children with disabilities, could leverage the advantages of technology effectively. China had several examples of good practices and innovative approaches that had stimulated local economies and benefited the population.[53]

V. Conclusions and recommendations

67. Addressing inequality in all its dimensions is essential to eradicating poverty, advancing social progress and achieving sustainable development. While global income inequality has been declining, income inequality within countries has persisted and even risen in many countries, although there is divergence between and within regions. While the level of inequality remains high, many countries have successfully reduced both income and non-income inequalities. Member States and the international community must learn from the experience of those countries and adopt the right mix of policies that have proved to be effective elsewhere, taking into consideration their unique national contexts.

68. In order to make further progress towards the implementation of the outcome of the World Summit for Social Development and the 2030 Agenda for Sustainable Development, the General Assembly may wish to consider the following recommendations:

(a) To address inequality in all its dimensions, Member States should adopt an appropriate mix of policies, including macroeconomic, fiscal, employment, labour-market and social protection polices, to promote inclusive growth and reduce disparities in opportunities and access to basic services. In doing so, policymakers should ensure the synergies between those policies and should enhance coherence and complementarity between poverty eradication strategies, social protection and other sectoral policies;

(b) Member States should establish nationally appropriate universal social protection systems and floors, including through streamlining fragmented social protection systems/programmes, ensuring that such programmes are gender- and disability-sensitive, and progressively extend their coverage to all people throughout their life cycle;

(c) To address challenges faced by those working in informal or vulnerable jobs, Member States should invest in creating more decent work opportunities and enhancing the productive capacities of people and should strengthen labour institutions and employment and labour-market policies, including decent work and wage policies, taking into consideration the specific circumstances of each country, and should promote close partnership with relevant stakeholders;

(d) To leverage science, technology and innovation for inclusive and sustainable development, policymakers and regulators should work together to provide people with affordable access to those technologies, including ICTs and digital skills, through effective private-public partnership at multiple levels in order to advance investment in infrastructure and training, facilitated by cross-sectoral collaboration. In addition, national human and institutional capacity should be strengthened to adapt to an evolving ICT and telecommunications sector;

[53] See https://www.un.org/development/desa/dspd/united-nations-commission-for-social-development-csocd-social-policy-and-development-division/csocd56/chairs-summaries.html.

(e) The international community and development partners are encouraged to support Governments in the design and implementation of nationally appropriate social protection systems, including floors, taking into consideration their national circumstances. In addition, support should be extended to create an enabling environment for income-generating opportunities, in particular in rural areas, while expanding social insurance programmes.